The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

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Subscription Price: $2.00 per year; 20 cents a copy.
Combination: with The American Journal of Nursing $5.25. Cheques and money orders should be made payable to The Canadian Nurse. When remitting by cheque 15 cents should be added to cover exchange.
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The Canadian Nurse

A Monthly Journal for the Nurses of Canada

Published by the Canadian Nurses Association

Vol. XXIX MONTREAL, QUE., SEPTEMBER 1933 No. 9

THE INTERNATIONAL CONGRESS

FLORENCE H. M. EMORY, President, Canadian Nurses Association.

With the lapse of but a brief interval since the close of the International Congress of Nurses it is difficult to interpret, in true perspective, the outstanding features of the past two weeks. Just now we are impressed with the Congress as a truly *European* one. The registration exceeded twenty-five hundred (significant in a time of depression), the majority of whom belong to the European nursing group.

The distribution of countries was wide—forty-two in all—and with the addition of six new ones, Czechoslovakia, Esthonia, Austria, Hungary, Iceland and Japan (including Korea), the international family of nurses is now comprised of twenty-nine National Associations representing one hundred and eighty thousand nurses. The Board of Directors and the Grand Council, during some arduous days, have done a constructive thing in providing for the appointment of an executive secretary at the Secretariat in Geneva in addition to a full-time editor for the International Nursing Review. Growth in demands and duties at headquarters necessitates this.

The acceptance of the report of the Florence Nightingale Memorial committee makes possible a Florence Nightingale Foundation, the nucleus of which will be the courses now given by the League of the Red Cross Societies at Bedford College in London. This Foundation will afford all affiliated countries an opportunity to contribute to an educational project in commemoration of the woman who revolutionized nursing.

The hospitality offered has been distinctively European. We were received with grace and simplicity by the President of France and by the Queen of the Belgians. The municipal authorities, too, in each country have bidden us welcome. Added to that has been an insight into home life, thus giving us some conception of the charm of the intimacies of European life. Mademoiselle Chaptal and Mademoiselle Hellemans ably represented the hostess countries and each, in her unique way, revealed the traditional charm of France and of Belgium. For many, the most inspiring occasion was a special service aranged for the delegates in Notre Dame Cathedral in Paris. In this magnificent structure, beauty and solemnity combined to give re-assurance that the soul of man still lives and that of supreme

significance in life are those spiritual forces, intangible but real, welding the hearts of men into one inseparable whole.

One morning, early, upwards of one hundred Canadians, from eight provinces, proved that one of the best features of the Congress was the getting together, at the breakfast table, of those who for a common purpose had crossed the seas to attend the sessions of the International Congress of Nurses. Nor has Canada failed to capture some of the honours bestowed at the Congress, for one evening, the retiring President, Mademoiselle Chaptal, presented certain members with medals conferred by the French Government, and among the recipients was a Canadian delegate, Miss Jean I. Gunn, the retiring second vice-president.

It has been decided to hold the next Congress in London. The presiding officer will be Miss Alicia Lloyd-Still, Matron of St. Thomas's Hospital, and successor of Florence Nightingale. May the International Council of Nurses live long to cement the ties of friendship between well-nigh thirty countries and to keep alive the best that is in nurses and in nursing.

The Grand Council at Work

Complete reports of much of the work of the Grand Council will later appear in the *Journal*. In the meantime the President of the Canadian Nurses Association has summarized her outstanding impressions as follows:

1. That the facility and grace of Mademoiselle Chaptal in presiding over the Sessions were remarkable.

2. That Miss Christiane Reimann, the secretary of the International Council of Nurses, has made a notable and enduring contribution to the organization.

3. That constructive work was done by the Grand Council in that provision was made for:

(*a*) The reorganization of International Nursing Headquarters at Geneva necessitated by the tremendous volume of work.

(*b*) The appointment of an advisory committee to which difficult matters may be referred and decisions facilitated in the intervals between the quadrennial meetings.

(*c*) The adoption of the Florence Nightingale memorial plan.

(*d*) The recognition of the principle that in spite of the inevitable irritation of hearing reports read three times, in different languages, it is a sound procedure to give consideration to them at the meetings of the Board of Directors and in the Grand Council before presenting them to the open session. This is advisable because of the difficulty in finding a common denominator for the differing points of view.

MISS JEAN I. GUNN

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON - CANADA

THE TRAVELLERS RETURN

For the nurses who live in Montreal it has been possible this summer to attend the International Congress vicariously. As successive groups passed through on their way overseas the thrill of departure could be shared as the boat train pulled out or the boat swung slowly into the current. Brief notes came from Paris and from Brussels while the Congress was actually in progress, which had all the vividness of first impressions. And now that the travellers are coming home, each with a different story to tell, one sees the Congress from many angles and through many eyes.

In due time the official reports of our delegates will be presented and there will be no attempt to anticipate them here. The first of several addresses delivered at the Congress appears in this issue of the *Journal* and others will follow, but by way of introduction it may be of interest to refer to some of the outstanding features of the Congress which seem to have impressed all who attended it.

An European Congress

First and foremost this was an European Congress. This perhaps came as a bit of a shock to nurses who had previously attended such gatherings in Anglo-Saxon countries only. The language, the social conventions, the public conveyances, even the food were different, perhaps *foreign*. That very fact gave a new and distinctive flavour even to routine proceedings. New colours came into the nursing web which were in sharp contrast to the familiar background of our national concept of nursing as we know it in Canada.

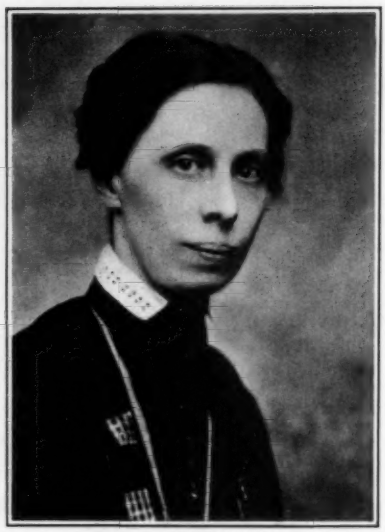
Outstanding Figures

The vivid and interesting personality of Mademoiselle Leonie Chaptal found full opportunity for the exercise of her intellectual and social gifts in her capacity as President of the International Council and Mademoiselle Helle-

MLLE CHAPTAL

President, International Council of Nurses, 1929-1933; President, National Association of Trained Nurses of France; Directress of the Rue Vercingetorix Private School for Nurses, Paris; Chairman, Committee on Arrangements for the Congress.

mans, President of the National Federation of Belgian Nurses, proved an admirable hostess in Brussels. Among the many leaders present one of the most outstanding and dynamic was Mrs. Bedford Fenwick, the Founder of the Council and its first President. On July 1, 1899, Mrs. Bedford Fenwick first proposed the establishment of an International Council at a meeting of the Matrons Council of Great Britain. It must have been a profound satisfaction to her when the Council approved the recommen-



MISS CHRISTIANE REIMANN
Executive Secretary, International Council of Nurses.

dations of the Conjoint Committee looking toward the establishment of a Florence Nightingale Foundation. In that action was the culmination of many years of toil and planning, on the part of the Founder and of other pioneers in the nursing field.

Our Own Canadians

Canada had good reason to be proud of her representatives. The President of The Canadian Nurses Association, Miss Florence Emory, upheld the dignity of that office with distinction and charm. The retiring second vice-president of the International Council of Nurses, Miss Jean I. Gunn is acknowledged by all to have rendered exceptionally fine service in the deliberations of the Grand Council. Her clear and fearless mind goes straight to the mark and her sense of justice and kindly humour render her counsel invaluable. The honour bestowed upon her by the French government is a source of pride and satisfaction to her colleagues and pupils in the School of Nursing of the Toronto General Hospital and to the members of the nursing profession in every part of Canada.

Favourable comments were made concerning the Canadian contributors to the programme: Miss Beatrice Ellis, Miss Marion Lindeburg, Miss Ruby Hamilton, Miss E. Bell Rogers, Miss Anna Wells and Rev. Sister Allard. The *Journal* hopes to have the privilege of publishing these excellent papers in future issues.

Canada and France

The Congress in 1933, as in 1929, had a special significance for Canada in that it brought into relief the French elements in Canadian life and thought. La Révérende Soeur Allard, Directrice of Nurses at l'Hôpital Hôtel Dieu in Montreal, was present at the Congress and contributed a careful study of nursing values. The Canadian Florence Nightingale, Jeanne Mance, was impersonated by Miss Isabel McIntosh, Reg. N., the official representative of the Private Duty Section of the Canadian Nurses Association. The beauty and dignity of her conception of the character is admirably demonstrated by the photograph taken in Le Jardin des Malades of the Hôtel Dieu itself. In an early issue more details will be given by Miss McIntosh herself concerning her European experiences.

The New President

As announced in the August number of *The Canadian Nurse*, the newly-elected President is Miss Alicia Lloyd Still, S.R.N., C.B.E., R.R.C., Matron of St. Thomas's Hospital, London. No other choice could have given more pleasure to British nurses everywhere than this. To quote the *Nursing Mirror*:

"In electing Miss Lloyd Still as their president the nurses of all countries have chosen a great lady and a wonderful nurse." Yes—and a woman of broad international sympathies. For more than three years it was the task of the writer to arrange for experience in English hospitals for foreign nurses who were the recipients of grants from the Rockefeller Foundation. As was but natural, some of these women found it hard to adjust themselves to a foreign environment. The patience, the sympathy, the wisdom and the humour of the Matron of St. Thomas's Hospital went far to interpret to many a homesick student of the English scene just what nursing means, at its best, in England. Furthermore, her tolerance is yet another qualification for her present high office. In a diary kept in those days, the writer noted this wise saying of hers which it might be well for Anglo-Saxon nursing groups generally to take to heart: *No one country, no matter how good its nursing system, has any right to impose it on any other country. No country has as yet attained perfection.* Tolerance, sympathy, wisdom and humour—what are these but the attributes of that aristocratic tradition which is embodied in the new President of the International Council of Nurses? Its destinies are in safe hands at a critical period in nursing history.

MRS. BEDFORD FENWICK
Founder, International Council of Nurses.

In Lighter Vein

Conversations with returning delegates have afforded some amusing glimpses behind the scenes. Discretion forbids the exposure of these in cold print. Yet it may be in order to refer to the reception of the delegates by the President of France in the exquisite grounds of his official residence. The reception at l'Hôtel de Ville de Paris was another gala occasion, the memory of which will be an abiding pleasure. In Belgium, too, a truly Royal welcome was given by the King and Queen of the Belgians at Le Palais de Laeken, and the historic Town Hall in Brussels was the scene of a social function at which the famous Burgomaster Max himself was present.

Some of the Canadian delegates were also privileged to attend in London a garden party at Buckingham Palace and to see the King and the Queen among her Ladies, dressed in cream chiffon and carrying a parasol. Some looked in at Canada House. Others saw the Economic Conference in session. Many made journeys by air and still more went far afield in Europe after the Congress was over.

Rich and beautiful memories, which in a sense belong to us all

since it is by virtue of our national and international relationships that such sources of pleasure and profit are open to us. The next Congress will be in London in 1937—within sound of Big Ben, beside the Thames, where modern nursing began.

The New Countries

The ceremony which marked the entrance of six new countries into the International Council seems to have been particularly impressive when nurses from Austria, Czechoslovakia, Estonia, Iceland, Japan (including Korea), and Hungary proudly took their places with their sisters from many nations. Anyone at all familiar with nursing conditions in Central Europe will understand the difficulties these "new" countries have had to surmount in order to qualify for membership. The highest praise is due to the leaders, and to the rank and file, who through many weary years of misfortune and discouragement have held to their purpose and have at last attained their goal. Japan and Korea bring to the Council the richness and beauty of a very old eastern civilization. Of the International Council of Nurses it may well be said: *They shall bring the honour and the glory of the nations into it.*

MISS CLARA D. NOYES
First Vice-President, International Council of Nurses.

INTERNATIONAL COURTESIES

A Gracious Custom

In accordance with the gracious custom, long established in the International Council of Nurses, each of the new countries was received into membership by a specially designated representative of a country already a member. Austria was welcomed by France, in the person of Mademoiselle Chaptal; Czechoslovakia by the United States of America, represented by Miss Elnora Thomson; Estonia by Denmark, represented by Mrs. Margrethe Koch; Hungary by Finland, represented by Miss Venny Snellman; Japan and Korea by Great Britain, represented by Miss Lloyd Still, and Iceland by Canada, represented by Miss Florence Emory.

To mark the occasion, Canada presented to Iceland a beautiful bouquet arranged in the form of the Icelandic flag and composed of red and white roses and blue cornflowers, the Icelandic national colours. It seemed natural that Canada should welcome Iceland. The men and women of that northern island have made a rich contribution to Canadian life especially in the Western provinces of the Dominion.

The President of the French Republic

The Board of the Directors of the International Council of Nurses had the supreme honour of being received by the President of the French Republic.

At the appointed hour, on the afternoon of July 6, the President entered the reception room of his official palace. Mademoiselle Chaptal read a brief address in explanation of the functions of the International Congress of Nurses and presented him with a medal in memory of the event. The President and his wife shook hands with us individually; not in a perfunctory fashion, but with a charm and simplicity which persuaded us that this great man was happy to spend a few minutes with us. Nor did he leave us until he had graciously led the way to a beautiful garden where refreshments were served.

At the Hôtel de Ville de Paris

The members of the Board of Directors were received by the President of the Municipal Council and by Monsieur le Préfet de la Seine at the beautiful Town Hall, where the visitors had the honour of signing the famous Livre d'Or, that Golden Book in which so many distinguished names are inscribed.

The Tomb Beneath the Arch

On Sunday afternoon it was fitting that a visit should be paid to the Tomb of the Unknown Soldier, who lies beneath L'Arc de Triomphe, his resting place marked only by a leaping flame as unquenchable as the spirit of France itself. Wreaths were deposited by representatives of the nurses of Great Britain and the Dominions, and the United States of America.

At the Opera

Mademoiselle Chaptal had put her finger, once more, on a thing distinctively French. We were ushered to the choice boxes of the Opera House and were a little dismayed to learn that six of the party had the high honour of sitting in the box of the President of the Republic. It was whispered that, upon hearing of a projected performance other than French, Mademoiselle Chaptal had prevailed upon the conductor to change the

programme and to perform, for the delight of nurses gathered from all parts of the world, a programme truly French—La Damnation de Faust, by Berlioz.

In French Homes

The members of the Board of Directors were entertained, on July 5, at dinner in the home of Madame Juillet. It would be difficult to describe adequately the excellence of this hospitality, from the distinctively Parisian surroundings to the minutest detail in the preparation and serving of a delicious dinner. As is the custom in Paris, at the rear of the house is a beautiful garden artfully illuminated with flood lights, located on the roof, above a spacious verandah. Here we rested after an arduous day. The many rooms of the house are furnished with rare pieces of antique furniture and the walls are hung with tapestries and oil paintings. The dinner itself left nothing to be desired—from the menu written by Mademoiselle Chaptal herself, to the table decorated in the colours of the French flag—red and white roses and blue cornflowers.

On July 6, Mme la Maréchale Lyautey graciously received us at afternoon tea. For some time we chatted with the delightful hostess and again obtained a glimpse of the charm of French society.

In Brussels

Belgium was not to be out-done by France, for on a lovely afternoon we motored to the Summer Palace of the King and Queen of the Belgians, and were received by Queen Elizabeth and the Crown Princess. The Queen, perfectly attired, was delightful in her simplicity, and led us out past hundreds of delegates, who had gathered in the hall of the Palace, to her own rose garden. Here again was reflected the esteem in which nursing, and the nurse leaders, are held in Belgium and once again, as in France, the highest privilege in the gift of the State had been ours.

Burgomaster Max

This thrilling occasion fittingly closed the entertainment planned for Congress delegates. Quite unostentatiously, Burgomaster Max, of war fame, welcomed us to what is considered the most beautiful building of its kind in Europe. Rich in carving, tapestries and paintings, the walls and ceilings mirror the best that is Belgian in art and beauty. It took but little imagination to visualize the officers and their partners of an earlier period, dancing light-heartedly on the eve of Waterloo.

Before leaving Brussels a visit was paid to the Tomb of the Unknown Soldier and a tribute of flowers was paid to the gallantry and chivalry of Belgium.

The Canadian Breakfast

A specially happy occasion was the famous breakfast when over a hundred Canadians foregathered and, scorning the traditional *petit déjeuner* of coffee and rolls, revelled in bacon and eggs. Yet even this function had an international flavour, for six foreign guests of Miss Emory and Miss Gunn were present. Five of these were former students in the School of Nursing of Toronto University and one had had a period of study in the Toronto General Hospital. There guests included:

Mademoiselle Marthe Damman, of Belgium.
Mademoiselle Elsa Hacks, of Belgium.
Miss Antonia Scheiffrer, of Yugoslavia.
Madame Costres, of Roumania.
Miss L. Wolenska, of Czechoslovakia.
Madame Babicka-Zachertowa of Poland.

A roll-call was made of the various Provinces represented and the West particularly had good reason to be proud of its showing. Miss

Jean Gunn made a brief address and was presented with a corsage bouquet of orchids as a tribute to the constructive work done by her during the sessions of the Board of Directors and the Grand Council.

MISS ELLEN MUSSON
Honorary Treasurer, International Council of Nurses.

The Red Cross Society

A delightful entertainment was arranged by the French Red Cross Society. This took place at the Cercle Interallié, the guests being received by the President and members of the French Red Cross Society. Over the spacious grounds and in the trees were hung lights which, on a clear summer evening, made one feel that only Paris could present such a sight. Decorated with hydrangeas and skilfully illuminated, the platform stood out as in a fairy tale and on it danced and sang the lads and lasses of France, interpreting in a unique way the folk-lore of their country.

A Visit to a French Château

The programme committee had left one afternoon free from sessions so that we might enjoy a visit to one of the famous castles of France. Gaining a glimpse of rural France, we neared the Château along a road heavily wooded with stately trees. Our hostess showed us through the charming rooms and led us to a beautiful garden, secluded at the end of a long path. Later we enjoyed a truly French repast, under the trees, with the grandchildren of the Marchioness as our servitors. Delightful indeed was this family in its genuineness and cordiality and none the less delightful the castle in its exquisite setting.

Among the Nursing Groups

The Congress afforded many opportunities for national nursing groups to meet around the festive board. The Canadian delegates entertained some of the members of the International Board of Directors at luncheon and the representatives of the United States and of the Philippine Islands were joint hostesses at an enjoyable luncheon at the American Women's Club. The National Council of Great Britain entertained the International Board of Directors at dinner. This delightful function was an appropriate climax to the round of entertainment in Paris.

The Happy Ending

At the conclusion of all these happy and moving experiences we realized what insight we had gained into human relationships and into life in its broadest interpretation — an enriching experience which can never be forgotten, and which we owe to our association with the International Council of Nurses.

F.H.M.E.

JEANNE MANCE

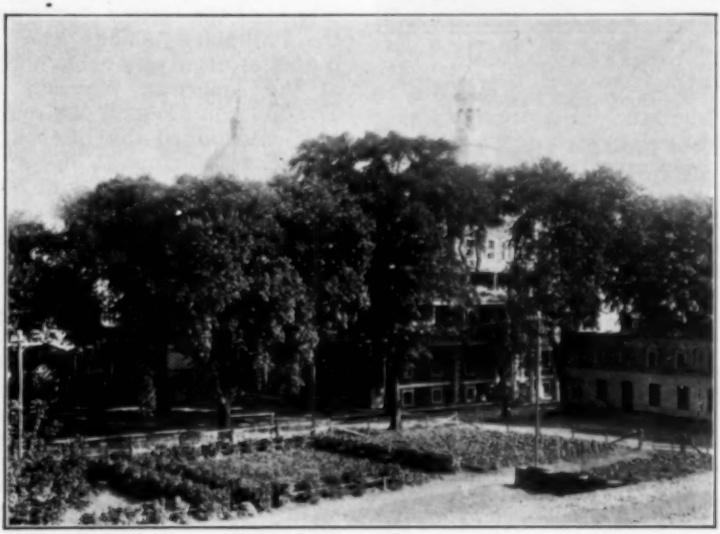
1659 — 1933

It will be remembered that the Reverend Sister Allard, directrice of the School of Nursing of the Hôtel Dieu, Montreal, attended the International Congress as one of the official representatives of the Canadian Nurses Association. She was accompanied by the Reverend Sister Lacas, Mother Superior of the Hôtel Dieu, and by Sister Thibault, Superior of the Arthabaska Hospital which was founded in 1841 by the Montreal community.

An interesting feature of Sister Allard's journey to France is that she is the first French-Canadian nun from the Hôtel Dieu to visit France since the foundation of the Order in Montreal in 1659, and to mark the occasion a bronze medal was presented to her in Paris by the French Minister of Public Health. The honour paid Sister Allard will give great pleasure not only to religious communities engaged in nursing but to Canadian nurses in general.

On her way overseas to attend the Congress in Paris, Miss Isabel McIntosh visited the Hotel Dieu in Montreal in order to make sure that the details of her costume were historically correct.

The Reverend Sister Helen Morrissey, who is an authority on all that concerns the early history of that institution, had discovered from ancient documents and from the original of the inventory made by the notary after the death of Jeanne Mance, that her wardrobe consisted chiefly of silk dresses and poplins of various colours. The costume suggested by Sister Morrissey was scrupulously carried out as follows: French gray poplin, with full ankle-length skirt, pleated to the waist, an outside ceinture



GARDENS OF THE HOTEL-DIEU

or belt, made tight to the figure and pointed in front and at the back, a plain tight waist, full sleeves with deep pointed white cuffs, a little white cape over the shoulders, and a tight-fitting white satin bonnet or cap, the border embroidered or ornamented with a satin cord.

Personally, Jeanne Mance is described, at the age of fifty-three, after twenty years of constant effort, as "still a beautiful woman." There were scattered silver threads in her curling auburn hair; faint pencillings of time were noticeable around the eyes and running towards the small and delicate ears, but the large brown eyes were as full of life as ever, her step was still elastic and her carriage graceful."

In spite of the conditions of life in the new country, Jeanne Mance preserved the amenities of life as far as possible.

Reverend Sister Dailey, Mademoiselle Senecal, Miss Isabel McIntosh as "Jeanne Mance", Mademoiselle Renaud, Reverend Sister Helen Morrissey, Reverend Sister Campbell.

HOTEL-DIEU, MONTREAL.

WHAT ONE CANADIAN COUNCIL IS DOING

AGNES B. BAIRD, Reg. N., Secretary, Division on Maternal and Child Hygiene, The Canadian Council on Child and Family Welfare.

The Canadian Council on Child and Family Welfare is an association of social agencies and private citizens interested in Canada's problems of child and family welfare and the better organization of the community to deal with them. It was formed in October, 1920, as the result of a conference of all services then at work in the Dominion, convened in Ottawa, by the Dominion Department of Health. It is administered by a voluntary board of professional social workers and philanthropically-minded citizens. It maintains a full-time office with an executive staff at Ottawa. Outstanding Canadian counsel give their services as honorary advisors in legal matters. Financial policy is directed by a strong committee of prominent Canadian business men and financiers.

The Council is supported in part by an annual grant of $10,000 from the Dominion Government, (reduced 10% in 1931-2), by special grants from some of the provinces, by payments for services from others and by voluntary contributions. The Canadian Life Insurance Officers' Association by an annual grant of $7,000 to $8,000, makes possible the entire work of the Section on Maternal and Child Hygiene. Community Chests in certain cities make specific donations to its funds. Over one half of its growing budget is derived from private contributions. Membership is open to all who believe that Canada's greatest resources are her people and their welfare.

The Council publishes *Child and Family Welfare* every other month, a periodical devoted to welfare problems in all their phases and the other Council services are organized in eight divisions of work:

The Division on Child Care and Protection

This division is especially necessary in Canada where all child protection is provincial in legislation and administration. The Council's services consequently serve continuously as a medium through which the different child-caring agencies clear information and action, particularly in the field of publication and legislation. Definite work in survey, investigation, and re-organization of child-caring services has been carried on, on request, in all nine provinces in the last five years. The Council office also maintains a routine information service to agencies in this field, offering record forms, specialized literature and information on administration.

The Division on Family Welfare

Created in 1929, this Division seeks to offer a service to the family welfare agencies such as the Council has been able to build up for the children's agencies. Community survey and organization of family welfare and relief services have absorbed its major activities, while latterly it has been offering special literature in this field, particularly *In Times Like These*, a handbook for the use of communities faced with the terrific pressure of relief needs.

The Division on Community Organization

Its work consists of general organization of community work and co-operative community financing with definite plans for literature in this field. Its most substantial services to date have been those associated with the organization of the Vancouver Welfare Federation, the Community Survey and formation of the English Catholic Welfare Bureau and Federation in Montreal, and the recently formed system of Federations in the city of Ottawa.

Division on Recreation and Leisure Time Activities

This division has been recently organized to offer general educational assistance, and when possible, direct field service to communities in the organization of their recreation services. Under its auspices, Captain Bowie of Montreal visited all the larger centres of Western Canada in 1932. It also issues a bi-monthly list of approved motion pictures for family and children's showings.

Division on Delinquency and Related Services

This division has financed special inquiries regarding youthful offenders in Canadian penitentiaries. It was responsible for an intensive study and conference leading to revision of the Juvenile Delinquents' Act of Canada in 1929, and has offered field services in the Maritimes and Western Canada through the loan of Mr. Frank Sharpe of the Toronto Big Brother Movement.

The Division on French-Speaking Services

This division is served by its own secretary, a registered nurse. In close co-operation with health authorities particularly in Quebec, a continuous educational service is maintained to French-speaking communities with widespread distribution of literature in French. The bilingual conferences organized under its auspices are of great value in interpreting the different emphases in English and French--speaking work in Canada.

The Division on Officials in Public Welfare Administration

This division has been formed in the last six months to provide opportunity for conference and exchange of information among officials engaged in public services in the welfare field.

The Division on Maternal and Child Hygiene

This division functions through its own Secretary, who is a registered nurse. Through this division are operated the pre-natal and post-natal letter service, the diet folder, habit-training folder, and the pattern and pamphlet services.

It is this last division of the Council which deals specifically with matters of health, and is therefore of special interest to nurses. Its program and policies are formed by its committee consisting of representatives of the Dominion Health Council; representatives of the Department of Health; the Deputy Minister or Chief Health Officer of the Departments of Health of each province; representatives of the Canadian Life Insurance Officers' Association and other outstanding authorities in public and private health services.

The chief executive officer of the division is its chairman, Dr. J. T. Phair, Director of Child Hygiene for the Province of Ontario. Closely associated with the chairman in the scientific review of all publications is a strong committee of outstanding obstetricians and pediatricians in Toronto, Montreal and Ottawa. Between annual meetings the work of the section is carried on through the sub-executive consisting of the Chairman, the Executive Director of the Council and members of the committee resident in Ottawa. An editorial committee, a committee on statistical interpretation, a news notes committee, and a publicity committee were appointed in 1932 to which the officers of the section may turn for help and advice.

It is only since 1929 that a full-time program for this section has been in force, built upon the fact that a proportion of ill-health and premature death in Canada is due to preventable or remedial illness or to defects attributable in some degree to carelessness, ignorance and indifference and that a great part of this loss could be overcome by intensive health education. It was felt that inculcation of habits of healthful living, of periodic health examination and of the observance of the need for proper and sufficient food, sleep, rest, fresh air and sunshine could profoundly alter the health and so the economic and social aspects, particularly of child life, in a generation. The program of the section

does not seek the discovery of new health facts but the dissemination and application among the Canadian people of the facts already known.

The unnecessarily high maternal, premature and neo-natal mortality rates in Canada were the focal points on which interest was concentrated. On the assumption that no matter how careless and indifferent a woman may be with regard to health matters, she will likely evince some interest and concern during pregnancy, the first effort was made in general public education in this field by direct education of the woman in the home through the pre-natal letter service. This service consists of nine monthly letters, revised from time to time, instructing the mother how to protect herself and her child before its birth. This service was the result of national adoption in 1926 of a local service, transferred from the Child Welfare Association of Montreal, which had made a demonstration of this nature in the area of Montreal.

In the early days of the Council, the section's activities took the form of addresses to lay and health groups, popular articles in the women's section of the daily press and in women's publications, exhibits at conventions, conferences and fairs, directed towards arousing interest within the home in these health problems. Though the work has expanded, it follows the principle of primary direction of material to the parent within the home. Arising out of the growth and distribution of the pre-natal letters, in 1930 a post-natal letter service was developed. This series consists of twelve monthly letters *You and Your Baby* containing advice on the care of the baby in its first year. The parental letter service is designed in time to extend to the pre-school child and the child of school age. A diet folder service, formerly carried on by the Canadian Public Health Association was taken over, consisting of five diet cards with advice on diet from infancy to school age.

A series of six pamphlets, *Child Welfare Problems in Habit Formation and Training,* deal with the importance of proper habits as a foundation for development. Folders on some of the common ailments of childhood, on which material was not otherwise available in such form, have been issued from time to time and deal with rickets, malnutrition and protection against diphtheria. In 1932, a supplement was added to the post-natal letter service dealing with the nursing of the child suffering from common ailments within his own home. In collaboration with the household science department of MacDonald College a booklet on school lunches in rural areas was published, in response to a need expressed by rural nursing and women's organizations.

Health record forms for the periodic examination of children, statistical charts on maternal and infant mortality and posters have been published at the request of health services for such material for teaching use. Though the section's literature has not been directed to teachers, a continuous demand for material for use in schools led to the publishing in 1932 of a pamphlet, *Some Sources of Material for Health Education in Schools,* a second edition of which is now in the press.

In distribution, as well as in preparation of literature, the closest co-operation is observed with provincial and municipal health authorities or any other constituted health agency. Unless

the health department does not itself wish the system to be followed, all inquiries for literature directed to the Council office are forwarded to the health service of that area for attention, Council literature being supplied to them in bulk and free of charge. This system brings the inquirer into direct contact with the local organization and opens the way for individual teaching under the actual health services already in the field.

From women in sparsely settled areas far from medical care, from women who have been given our letters in clinics or in hospitals, by their doctors and their nurses, come letters of appreciation, letters asking for copies for their friends and relations, showing that they are proving a boon. In these days of economic stress we are glad that we are still able to send these letters far and wide, free on request, to the increasing number asking for them.

May we lay claim to being one link in the chain of effort that has resulted in a Canadian infant mortality rate of 62 in 1932 in contrast to 88.1 in 1921? These figures are exclusive of Quebec as that province did not enter the registration area until 1926; inclusive of Quebec the rate has dropped from 101.8 in 1926 to 89.7 in 1931. The maternal death rate of 4.9 per 1000 live births in 1932 in contrast to 5.1 in 1921 shows that the widespread efforts in intensive education and provision of proper care in the pre-natal, natal and neonatal periods are at last bringing results throughout the Dominion. The Council seeks, in a modest way, to make its contribution in the crusade, by the continued provision of personal literature, distributed free, but only on request, to the individual home or health service.

A New Appointment

The Director of the School for Graduate Nurses of McGill University has authorized the announcement of the appointment of Miss Ethel R. Parkinson, Reg. N., B.S., as a member of the teaching staff. Miss Parkinson will have charge of the courses in public health nursing, thus filling the vacancy occasioned by Mrs. Prince's resignation to which reference was made in the August issue of the *Journal*. Miss Parkinson's professional qualifications and wide experience in the field of public health nursing and medical social service, in Canada and in the United States, fit her in an outstanding way to teach and direct public health nursing students.

Miss Parkinson received her preliminary education in Ontario, where she obtained a permanent teacher's certificate and, before entering the field of nursing, she had several years teaching experience in the public schools of that province. Miss Parkinson is a graduate of the School of Nursing of the Bellevue Hospital School, New York. After a year's experience in private duty nursing, she was a supervisor at the Seaview Tuberculosis Hospital, Staten Island, for six months, and for over four years, in the capacity of second assistant in the Medical Social Service Department of Bellevue Hospital, was in charge of the convalescent work in that department and assisted in the teaching of new staff members.

While in the United States, Miss Parkinson had extensive field experience, including six months of special nutrition work, with intensive home teaching, at the Bellevue-Yorkville Health Demonstration and, as a student in the public health nursing course at Columbia University, with the East Harlem and Health Demonstration clinics. In 1930 she received the B.S. degree, with a major in Public Health Nursing from Columbia University. Returning to Canada in 1931, she was appointed to the staff of the Victorian Order of Nurses in Montreal, and since that time has assisted with the supervision of field work and the teaching of student groups at this teaching centre of the Order.

Miss Parkinson assumes her new duties this month. She comes with the highest recommendations as a field worker, teacher and supervisor. Her academic and professional qualifications, ability and experience will insure sound instruction and thorough preparation of the students in public health nursing in the School of Nursing in McGill University.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON

A Comparison of Surveys

The President of the Canadian Nurses Association, Miss Florence Emory, presided at a session of the Congress at which an interesting discussion took place concerning the findings of the surveys of nursing which have recently been made in Canada, Great Britain and the United States and some other countries.

As might have been expected, certain marked similarities and dissimilarities were clearly reflected in the various reports. Fortunately for the outlook of nursing in the future there was evidence in all the reports of:

A unified spirit and a solidarity of purpose in the group as a whole.

A scientific spirit and a recognition of need or deficiency in some aspects of nursing.

A determination, by means of factual data, to analyse and to define the need or deficiency.

A constructive spirit which, having determined the need, is ready to direct its energies toward overcoming deficiences and strengthening certain aspects of nursing education and practice.

Since the political, economic and educational environment in the various countries differ more or less widely, there was naturally a marked contrast in the methods of the surveys themselves and of their findings and recommendations for action.

The important point is that a profession which has the courage to face its troubles and to look for a way out has already taken the first steps on the difficult uphill path which leads to better things for nurses the world over.

The Canadian Outlook

Incompleteness would characterize this report were the effects of the depression upon the nurses of Canada entirely overlooked. Since the situation in individual countries is but part of a world-wide condition it is useless to dwell too long or too much upon it. Let it be said, however, that the scars of unemployment and resultant unrest are apparent. Yes. But in the midst of it all a quiet courage, a refined if chastened spirit is emerging, and we hold the conviction that a professional integrity, stronger and more searching, will be the enduring contribution of this generation of the profession to the next.

An excerpt from the Report for Canada given at the International Congress in July, 1933, by Florence H. M. Emory, President, Canadian Nurses Association.

The Editor's Desk

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The Silver Jubilee

In *Notes from the National Office* the Executive Secretary gives notice of the approaching celebration of the twenty-fifth anniversary of the founding of the Canadian Nurses Association. The celebration will be held next summer in Toronto, the home of the Founder of the Association, Miss Mary Agnes Snively.

It is interesting to trace in the successive issues of *The Canadian Nurse* during 1908, the growing interest in the new movement. In the June number the following letter from the Founder of the International Council of Nurses appears:

421 Oxford Street, London W.

Dear Miss Crosby,

When are you going to have a National Council of Nurses of Canada? It is time; why not start, and come into affiliation with the International next year, 1909, when we hope to have a splendid meeting? Denmark, Holland, and Finland have already applied for affiliation. Our Colonies and Dominions are behind in women's organizations—they are too parochial. The world is a very wee place, and too many narrow circles attempt to ignore that fact.

Yours very truly,
ETHEL G. FENWICK,
Hon. President, The International Council of Nurses.

In July, 1908, a brief editorial reads as follows:

We heartily endorse the suggestion of Mrs. Bedford-Fenwick that the time has come when Canadian nurses should consider national organization. It was one of the chief purposes in the mind of the founders of *The Canadian Nurse*, and we hope the time is not far distant when our national nurses' magazine shall chronicle the formation of a National Association of Nurses.

The November *Journal* chronicles the proceedings of the Second Annual Convention of the Society of Canadian Superintendents of Training Schools for Nurses, which took place on October, 1908, in Toronto. On Thursday, October 8, at the afternoon session of that Convention, the Canadian National Nurses Association came into being as described in the official report of the proceedings:

The President explained that the Council of the Superintendents' Association, together with the delegates present from all the Nurses' Associations, were now met to consider the advisability of forming a Canadian National Nurses' Association, which should enter the International Council of Nurses, the next meeting of which is to be held in London, in 1909. Miss Snively gave a brief historical account of the formation of Nurses' Associations, dating from the American Superintendents' Association, in 1893, and quoted from Miss Dock, of New York; Mrs. Bedford Fenwick, of London, and other leaders in the nursing profession, advising the formation of this National Association. At the request of the President, Miss Alice J. Scott then read the committee's report, and after a general discussion, it was decided to form a Provisional Committee, and thus organize the National Association.

It was moved by Miss Greene, seconded by Miss Molony, that the name of this

committee be "The Provisional Committee of the Canadian National Association of Trained Nurses." Carried.

Moved by Miss Stanley, of London, seconded by Miss Scott, of Toronto, and carried, that the following Constitution be adopted and that the objects of this Association shall be:

To promote mutual understanding and unity between Associations of Trained Nurses in the Dominion of Canada.

Through affiliation with the International Council of Nurses, to acquire knowledge of nursing conditions in every country; to encourage a spirit of sympathy with nurses of other nations, and to afford facilities for national hospitality.

To promote the usefulness and honour of the nursing profession.

Moved by Miss Shaw, seconded by Miss Hamilton:

That the officers of the Provisional Committee shall be a President and Secretary-Treasurer, elected for a period of from three to five years.

It was moved by Miss Stanley, seconded by Miss Molony: That Miss Snively, President of the Canadian Society of Superintendents of Training Schools for Nurses, be elected President of Provisional Committee of the Canadian National Association of Trained Nurses.

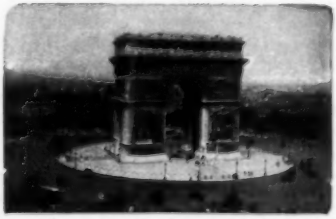
Miss Brent took the chair, and it was moved by Miss Snively seconded by Miss Chesley: That Miss Shaw (M.G.H.) be appointed Secretary-Treasurer of the Association.

The following Associations have joined the new National Association: The Canadian Society of Superintendents of Training Schools for Nurses; Ontario Graduate Nurses' Association; Canadian Nurses Association, of Montreal; Hamilton Graduate Nurses' Association; Ottawa Graduate Nurses' Association; Manitoba Provincial Nurses' Association; Vancouver Graduate Nurses' Association; Calgary Graduate Nurses' Association; Edmonton Graduate Nurses' Association; Toronto General Hospital Alumnae Association; St. Michael's Hospital Alumnae Association, Toronto; Kingston General Hospital Alumnae Association; Hospital for Sick Children Alumnae Association, Toronto; Alumnae Association, Western Hospital, Toronto; Alumnae Association, Riverdale Hospital, Toronto; General and Marine Hospital Alumnae Association, St. Catharines, Ont.; Montreal General Hospital Alumnae Association; General and Marine Hospital Alumnae Association, Collingwood.

In November, 1908, *The Canadian Nurse,* in its editorial columns bestows its blessing on the National Association.

Nothing since *The Canadian Nurse* made her first little bow has given the Editorial Board more sincere pleasure than the formation of the National Association. We announce it to the nursing world with pardonable pride, feeling that we had some share in it, and we know, from assurances already given, that the new National Association will receive a sisterly welcome from the members of the International Association. The constitution seems perfectly adapted for its purpose, and in its first officers, Miss Snively, the President, and Miss Shaw, the Secretary-Treasurer, the society is indeed fortunate. May success ever attend it.

Today the *Journal* can wish nothing better for the Association to which it now belongs than that the spirit, the courage and the foresight of the women who founded it may continue to be its inspiration in the years to come.



ARC DE TRIOMPHE, PARIS

Courtesy of the Canadian Pacific Railway.

Letters to the Editor

A Warning

Sometime in April, I gave a subscription for *The Canadian Nurse* to a student who was canvassing here. He informed me that I was probably too late for the May edition but said I would surely receive the June number. I have not received *The Canadian Nurse* or any acknowledgment of the subscription. Will you please be good enough to let me know if you have any record of this subscription? Incidentally, the check I gave to him has been cashed.

L.S.,

Orillia, Ontario.

Intending subscribers are warned not to give money to agents unless they can produce evidence to prove that they are properly authorized to solicit subscriptions either by the Journal itself or a reputable commercial agency such as the William Dawson Subscription Service, Toronto.—Editor.

"All round the world—and a little hook to fasten to"

I have been subscribing to *The Canadian Nurse* for five years now and find it of the greatest help and inspiration. Your problems and ours in New Zealand are very similar and it has been of definite assistance to me to see how the Canadian nurses are attempting to solve their problems.

Yours faithfully,

MARY LAMBIE,

Director, Division of Nursing,
Health Department, Wellington,
New Zealand.

From a Reader of Off Duty

Just a line to tell you we aren't too busy *making the world safe for public health* to miss seeing many spots rich in history and legend. The only trouble is there is not half time enough. The wreaths from the nurses lay on the tomb of the Unknown Soldier on Sunday afternoon, and the Arc de Triomphe is another unforgettable memory.

One of the V.O.N.

R. M. TANSEY.

Worth Waiting For

Enclosed please find a renewal of my subscription which ran out in March. I have appreciated receiving the *Journal* during the past few months while wondering from month to month whether it would continue coming or not.

I am working at the present time but merely on a half-time basis, there being two nurses employed by the Company in our town. They are giving us both part-time work rather than laying one off.

Thanking you again for carrying me over the last few months, as I found it quite impossible to send the money before.

T.E.M.
New Brunswick.

A Challenge to the M.G.H.

After having taken *The Canadian Nurse* for so many years I find that I should miss it. *As cold water to a thirsty soul so is good news from a far country.* My only objection is that I do not get enough Montreal news. We older graduates long for news from home. I was quite thrilled when listening to Mrs. Roosevelt broadcasting from New York to hear the announcer say: *We will now hear Dr. W. W. Chipman from Canada.* It was so good to hear his voice over the radio away out here in California. I had recently heard that one of our M.G.H. graduates was living in Berkeley and though I had never written to her I was inspired to write and tell her some Montreal news of those we knew in days gone by and I got such a grateful letter in reply.

When we were in Ottawa at the first meeting of the Canadian Nurses Association I remember Miss Snively saying: *Do not forget that we are making history.* I did not mean to write all this but age makes us garrulous; I was in the first class in the M.G.H. and that will excuse the length of my epistle.

Wishing you all success in your good work.

Sincerely yours,

ANNIE M. COLQUHOUN,

Box 7, Mills, California.

WHAT PRICE INTELLIGENCE?

Courtesy of the American Nurses Association.

As one method of reducing hospital operating costs, consider the intelligence test for the selection of student nurses. No less than $5,000,000 is expended fruitlessly each year by schools of nursing in the United States in attempting to train students who do not complete the prescribed course, according to the estimate made by Dr. Elsie O. Bregman, in a recent study, published in the *Nursing Education Bulletin* of the Department of Education, Teachers' College.

While Dr. Bregman does not contend that the use of intelligence tests would completely wipe out this loss, she believes that it could be considerably reduced by timely identification of the incompetent. She has studied the intelligence test ratings of more than 10,000 student nurses, and from them has drawn some interesting conclusions.

In the first place, this psychologist finds abundant proof that schools requiring high school graduation as a minimum for entrance are getting a better type of student than are schools with less exacting entrance requirements. The superiority of the high school graduate is strikingly demonstrated in a series of intelligence tests given to both first-year students in a school now requiring high school graduation, and to affiliated and graduate students in the same school whose educational preparation is miscellaneous. The first-year students are the more able group.

In a foreword to the report, Professors Isabel Stewart and Maude Muse, of Teachers' College, point out that the problem of selection of student nurses will never be solved by the use of intelligence tests alone, and that certain motor and personal traits are quite as essential as intelligence. Nor can tests ever be substituted entirely for the judgment of experienced nurses in relation to nursing aptitude, or for the initial try-out that the probationary period supplies. Nevertheless, it is likely that the economic and human wastage of the old system can be reduced by the use of appropriate tests which are now in process of elaboration.

A Shrinking Field

More than ninety per cent of the calls at the Suffolk County Nurses Central Directory, Boston, were for hospital nursing, according to a recent report. Only eight and a half per cent were for home calls.

Department of Nursing Education

CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

INSPECTION OF SCHOOLS OF NURSING IN CANADA

BEATRICE L. ELLIS, Reg. N.; Superintendent of Nurses, Toronto Western Hospital, Toronto

Each of the nine provinces of Canada has a Nurse Registration Act which, in addition to defining and licensing registered nurses, provides for an examining board, advisory council, and a registrar, and usually outlines the minimum requirements for approved schools. British Columbia, Ontario and Quebec have inspection of schools of nursing, introduced in 1919, 1923 and 1925 respectively, the incumbent in each instance being a nurse, although only Ontario makes this definite specification. In practice, these officials are the registrars, responsible for registers of approved schools and registered nurses, and, except in Quebec, for the examination arrangements.

In Alberta, where the administrative authority of the Nurse Act is vested in the Senate of the provincial university, a committee of three, consisting of a nurse, who was the president of the Registered Nurses' Association of that province, and who represented the nurses in the Senate, a doctor, also a member of the Senate, and on the teaching staff of the universtiy hospital, and a layman, the registrar of the university, completed the first inspection of nursing schools in 1932. Other provinces, although desirous of instituting this measure, have been unable to make the necessary adjustments, chiefly for financial reasons.

The Registered Nurses' Associations of British Columbia and Quebec are directly responsible for the regulations controlling approved schools and registration, as well as the appointment and financing of the inspector—known in Quebec as the hospital visitor. The Nurse Registration Act of Ontario is administered by the Department of Health, including the appointment of the inspector, who is a member, ex-officio, of the Council of Nurse Education, in conjunction with which she prepares regulations for the conduct of approved schools and outlines the curriculum.

Progress in nurse education is evident in all provinces, but without the authority, stimulation and skilful guidance of inspectorial visiting of schools of nursing, compliance with regulations depends on the individual superintendent, who may err from expediency or lack of vigilance. Therefore, where inspection obtains, the interpretation of the nurse education programme to boards of trustees and superintendents by patient, tactful nurse advisors, has effected uniformly higher standards. A summary of resulting improvements follows.

British Columbia, where the number of appproved schools has been reduced from seventeen to twelve in the last three years, has at least, annual visits. Frequent conferences with boards of trustees

An address delivered at the International Congress of Nurses, Paris and Brussels, July 1933.

and superintendents regarding the inadvisability, financially and educationally, of conducting schools with limited facilities, have made inspections in Ontario more irregular, but have reduced the schools from one hundred in 1923 to fifty-seven, approved, in 1932. A number of smaller hospitals have transferred to graduate staffs, demonstrating an improved hospital service to the community without financial loss, and decreasing the number of students by one hundred and forty-four during the present year. British Columbia, by discontinuing some smaller schools, and Quebec, by discontinuing those in connection with children's and mental hospitals, as well as admitting fewer students to other schools, should have an appreciable decrease in students graduated.

The length of a regular inspection is from one to two days, depending on the size of the school and need of assistance—a follow-up visit being customary where indicated. While in the community, this official plans to confer with hospital staff nurses, to address nursing organizations, and to give vocational talks to high school students. Copies of the inspectors' reports are sent in each case to the superintendent and usually to the chairman or secretary of the board of trustees. Annual reports from the schools are obligatory in Ontario, where the forms are most comprehensive.

Standards of Admission

Preliminary educational requirement is a common weakness in the legislation of all provinces. Though many individual schools have a satisfactory standard, provincially the most progress has been made in British Columbia, where junior matriculation will be required June 1933, and in Quebec, with a present minimum of three years' high school. All require certificates, doubtful ones being evaluated by the inspector or other educational authority.

Age of Students on Admission

Regulations which are specific in this regard set the minimum age as eighteen years, although the Canadian Nurses Association, in conformance with the Weir Report, has recommended that this be nineteen years. Official birth certificates are insisted upon in British Columbia.

Educational Facilities

Physical facilities, including suitable residences, properly equipped class and demonstration rooms, as well as libraries, receive special attention, there being every indication that conditions are greatly improved, and in the majority of schools satisfactory.

Clinical Facilities

Clinical experience must be provided in medical, surgical, obstetrical and pediatric nursing, either in the parent school or by affiliation, which is frequently arranged by the inspector, and experience in communicable diseases, tuberculosis or mental diseases is recommended where possible.

Faculty

British Columbia has full-time instructors in all but one school, who have either teaching experience, a one year post-graduate course in teaching, or a university degree. The other provinces are making definite progress through the recommendations of the inspectors.

Curriculum

General revision has been under consideration which will be expedited by a committee appointed by

the Canadian Nurses Association in 1932 to undertake the construction of a basic curriculum for schools of nursing in Canada. Emphasis on ward teaching with correlation of theory and practice, as a result of increased ward supervision, has been markedly developed in Quebec, and decidedly improved in the other provinces. With respect to the elimination of non-educational assignments, British Columbia reports satisfactory progress, while Quebec has almost entirely eliminated such in the English-speaking schools.

Hours of Duty

In British Columbia, almost all schools have an eight-hour day, but some a twelve-hour night, with no disturbance during the day for classes. In Ontario, by regulation, the hours of duty must not exceed fifty-eight weekly, including class hours; in Quebec, not more than sixty to sixty-four hours.

Records

Adequate records, including services and instruction, the latter classified as lecture, recitation and demonstration, are insisted upon, and standardized in British Columbia and Ontario. This problem has been much clarified by hospital visiting in Quebec. Health records vary, but a complete physical examination, usually including a chest X-ray, during or at the close of the preliminary term, is the universal practice; subsequent annual examinations are advocated. In British Columbia, the interest and co-operation of the Deputy Provincial Health Officer not only provides the initial chest X-ray but the follow-up of any suspicious cases, in the smaller schools.

The deliberations of Provincial Joint Study Committees on the *Survey*, and recommendations from the Canadian Nurses Association to boards of trustees and provincial associations will promote the solution of such common problems as varying standards within and between provinces; the lack of continuity of the teaching programme, resulting from frequent changes of staff, due to resignation or rotation, as in religious orders; the overproduction of graduate nurses and the uncontrolled practical nurses occasionally deliberately launched by unapproved schools.

H. G. Wyatt, referring to the ideal equipment for inspectors of elementary schools said:

> There is the view that you need not be a painter to be able to appreciate a picture, nor a practical teacher to appraise a school. The analogy may perhaps hold true if appraisement means a judgment of the picture or the school against ideals—a recognition, that is, of the picture's claims to beauty or the school's claims as a perfect place of education. But in practice the appraisement of a school involves more than this, it involves an appreciation of the efforts made to obtain perfection, and the progressive nature of those efforts—the inspector has to measure the struggle, not only the attainment. And just as in regard to a picture the care needed for its production can be measured best by the man who can most nearly place himself in the position of the painter at his work, so to give due credit for a school's work, it is necessary to assume the position of the worker; and though this can be partially done by patient inquiry into particulars, it is clear that the surest way of understanding the detailed complexities of the teaching life is to live it.

Applying this to the nursing profession, should not our inspectors be nurses, experienced in the complexities of our schools?

The co-operation of the inspectors and registrars of the Provinces in supplying information for this report is gratefully acknowledged.
—B. L. E.

Book Reviews

THE LIVER DIET COOKERY BOOK, containing recipes for cooking liver without the addition of fat, and menus for fourteen days, compiled by Dorothy Sewart, (A Sufferer from Anaemia). With a foreword by Vincent Coates, M.C., M.A., M.D. (Cantab.), M.R.C.P. (Lond.). 62 pages. Published by the Macmillan Company of Canada, 70 Bond St., Toronto. Price 45 cents.

This handy pocket-size volume would be most valuable to any nurse who must somehow persuade her patient to eat liver. Written from the standpoint of the patient, it brings into relief the very points which must receive attention if the treatment is to be a success. The recipes are varied and practical and useful hints are given about serving meals attractively.

In the preface the author tells us why the book came to be written:

> I entered a nursing home, and my experience there was that although the food was sent to me quite nicely prepared and cooked, it was lacking in variety, *and was served without tact.* I salted it with tears.

These sentences might well be framed and hung as a warning in the serving pantry of every ward in the hospital.

NURSING MENTAL AND NERVOUS DISEASES FROM THE VIEWPOINTS OF BIOLOGY, PSYCHOLOGY AND NEUROLOGY. A text-book for use in schools for the training of nurses. By Albert Coulson Buckley, M.D., Medical Superintendent, Friends Hospital, Frankford; Professor of Psychiatry, Graduate School of Medicine, University of Pennsylvania, Honorary Consultant in Psychiatry, Philadelphia General Hospital. 57 illustrations, 321 pages, Third Edition, Revised. Published by the J. B. Lippincott Company, Philadelphia. Canadian Office, 525 Confederation Building, Montreal.

The growing interest of nurses in the field of psychiatry and neurology is reflected in current nursing literature and the revised edition of Dr. Buckley's text-book is therefore timely. The volume is well printed and illustrated. Another helpful feature is a glossary which cannot fail to be useful in a division of practice in which the terminology is unfamiliar to the average nurse. There is also a good index.

Part 1 is divided into two chapters, one of which takes the form of a biological introduction and the other deals with the vertebrate nervous system. The discussion of these intricate topics is brief but clear and these chapters could also be used to advantage in a general course in anatomy and physiology as well as for the specific purpose for which they are intended. The illustrations in this section are excellent.

In the section on mental processes, both the subjective and objective aspects of the topic are considered and the psychoses are classified and dealt with in relation to their causes and conspicuous symptoms. The specific nursing care required in each type of case is noted under the appropriate caption, and, in addition, a chapter is devoted to mental nursing in general. This describes special nursing procedures and the more important hydro-therapeutic measures. Brief reference is also made to occupational therapy and psychotherapy and to the modern mental hygiene movement. Part 4 is devoted to the consideration of diseases of the nervous mechanism.

Department of Private Duty Nursing

CONVENER OF PUBLICATIONS: Miss Jean Davidson, Paris, Ont.

THE REGISTRY AND HOURLY NURSING

AGNES JAMIESON, Reg. N., Private Duty Nurse, Montreal.

There is much food for thought in two articles written by Miss Fay Simmons which have appeared recently in the pages of *The Canadian Nurse* and it is likely that the day is not far distant when private duty nursing, as we now know it, will evolve into a better organized and directed service than it is at present. As professional nurses, we are faced to-day with the necessity of providing adequate scientific nursing care for the rich, the middle class, and the poor, at a price which they can afford to pay and which will permit the nurse herself to earn a living wage. The rich are able to pay, and the poor are relatively well taken care of by various social and industrial agencies and by public wards in hospitals which offer them free care. But the middle class, with limited means, finds the cost of medical and nursing care to be crushing. Yet many hospitals have large deficits, doctors are no richer than other men and nurses are frequently not able to save for sickness or old age.

The rich can afford, and probably will prefer to continue to employ special nurses when needed, or as a luxury. It is also possible to give hospital care to the middle-class patient at a moderate cost by means of group nursing. If in addition we could provide hourly nursing in their homes, we could also reach many patients in all classes who, for divers reasons, such as lack of money and difficulty in making arrangements for domestic assistance find it unnecessary or inconvenient to employ nurses on a full-time basis.

Group nursing in the hospital, and hourly nursing, either in the hospital or in the home, are recommended by Dr. Weir in the *Survey* as being sound in theory and capable of being worked out in practice. His investigations show that there is a considerable body of opinion which approves of both these systems. Among private duty nurses, 84% expressed themselves as being in favour of hourly nursing and over 50% approved of group nursing. Among superintendents of nurses, 80% approved of hourly nursing and 75% of group nursing. Among physicians about 80% approved of hourly nursing and 76% of group nursing. Members of the public, from whom enquiry was made, were strongly impressed with the value of hourly nursing, 88% going on record to this effect, and 75% as approving of group nursing.

Under these circumstances why not give both these plans a fair trial in this country? If we are to succeed we must first seek to know the facts; second, we must face these facts, and third, we must be ready to act. Thanks to the *Survey* the facts have been placed before us, and, in these critical days of unemployment, we should now

* See "The Canadian Nurse", June, 1933, p. 307, and July, 1933, p. 365, "Sharing the Load", by Fay Simmons, R.N.

have the courage to take action. Nursing is progressive like all other arts, and nothing human is final.

Let us first turn our attention to group nursing which, as Miss Simmons says, has met with success in several hospitals in the United States, where the ratio is not more than two or three patients to one nurse. In Canada also, one hospital at least carried on group nursing for more than two years with some success. Two day nurses and one night nurse were employed to care for four patients. The usual time off duty was given daily, and a holiday of one month was granted at the end of each year.

One of the factors which made for success in a plan such as this is the collection of the fee by the hospital. It is not always certain that the nurse employed as a special will be able to obtain payment from the patient direct. The salary paid by the hospitals for service of this kind is quite good in these days of depression and probably exceeds the minimum earnings of the average private duty nurse. The eight-hour day is another good feature.

Miss Simmons quotes several arguments advanced by those who are opposed to group nursing:

If one patient requires more care than the others, it is unfair to those who are given less care but pay the same. There is a danger of partially being shown to one patient. Group nursing is only "glorified general duty." Group nursing takes work away from the special nurse. If one nurse cares for a group of patients having different doctors, conflicts will arise when the doctors make rounds. Group nursing is not just to the patient because he is compelled to pay a higher rate for the nursing care which should be included in the price he pays for his accommodation in the hospital.

In response to the criticisms quoted above it may be said that, while the right nurse will always avoid unfairness or partiality, the patient also should be encouraged to recognize that he himself receives extra attention when very ill and should therefore be willing to share that privilege with others. It is not correct to say that group nursing is only glorified general duty. Group nursing involves the care of relatively few patients only and the nurse is not over-worked, but is busy to the point of interest. It is doubtful whether group nursing takes away work from special nurses. The patients who desire group nursing service frequently cannot afford to employ special nurses and, therefore, more work is created for nurses to do. Since publicity is two-thirds of the game, the education of the public in the use of group nursing service will increase employment.

It should be possible to establish sufficient co-operation between doctors and nurses to avoid conflicts, and it is suggested that hospital administrators might see fit to help out in an emergency by assistance from the ward staff. It is not true that group nursing is unjust to the patient in that he pays a higher rate for nursing care. The service included in the price of his room would only be such nursing care as could be given by general duty nurses. Certainly group nursing is less costly than special nursing and is of a better quality and quantity than general duty nursing, but in order to ensure its success there must be whole-hearted team work on the part of the patient, the doctor, the hospital administrator, and the nurse herself.

We will now discuss the advantages of hourly appointment nursing in the home for the benefit of the great mass of the middle class which is still not reached by a visiting nurse service and frequently remains without skilled nursing. The underlying principle of hourly nursing is that of giving short term service to the patient, *arrang-*

ed at his convenience. A visiting nursing service must necessarily be influenced by the community aspects of its work and it is likely that an hourly service obtained through a registry will appeal more to certain patients who have seen better days and also to the wealthy who may feel shy about calling a nurse through an organization which they know to have been inaugurated under charitable auspices. This is one reason why the official nursing registry should register and accept calls for the hourly nurse. The interest of the patient and of the nurse will be safeguarded and the patient's need can be better judged as to whether he requires continuous nursing care or only a limited number of hours.

Miss Simmons asks this question: *What organization or group should assume responsibility for administering hourly appointment service?* In reply she mentions a visiting nurses association, the official registry, and the hospital. The visiting nurses association sometimes finds it difficult to fit in calls at the time specified by those who can afford to pay without interfering with necessary free visits to those who are critically ill. In my opinion, hourly nursing by appointment can be more successfully carried on under the direction of an official registry, conducted by a Graduate Nurses Association, the membership of which is usually composed of about eighty per cent private duty nurses. The nurse pays a yearly registry fee and can be called for hourly duty when waiting for calls. The registrars would not be any more harassed by calls for hourly nursing than they are at present by frequent messages from nurses who are idle and bored while waiting for work for an average of six months in the year. The registry is a recognized agency for the distribution of work, but sometimes hospitals and doctors are the greatest obstacles in any attempt to distribute work among the long list of unemployed in these days of distress among the private duty group. Many of the calls which come to the registrar are to find out whether certain nurses are available. Perhaps this is excusable in some instances.

Hourly nursing is really a *fractional private duty service* for which *the private duty nurse* is specially equipped because she is accustomed to giving satisfactory care to very exacting private patients and knows how to meet the needs of paying patients who expect their individual wishes to be catered to. It is easier for her to give this service than it is for a nurse who is employed by an organization with hard and fast rules. For instance, some organizations will not send out nurses after certain hours in the evening; calls must be put in some time before the service is required; the period over which the nurse may remain is limited to three or four hours, and calls are not accepted on Sundays and holidays. The official registry is naturally more flexible and can send out nurses at once, either day or night. Sufficient nurses are always on call to carry on the work, and it would be possible to arrange a service which would be advantageous both to the nurse and the community.

It is not difficult to plan for hourly nursing when the names are already on the registry list; it would just be necessary for the nurses willing to accept these calls to register for them. The experimental stage would not be unduly costly because no extra expense would be involved unless, possibly, for publicity.

As for supervision, this class of patient would have confidence in his nurse because she was called

through a private duty registry and he would not want any supervising done in his home. The nurse, of course, would always be under the direction of a doctor and would turn in a report to the registrar concerning every case for the purpose of record and for measuring accomplishment. The registry, in turn, would report monthly regarding its hourly service to the Board of Directors of the Graduate Nurses Association and would suggest any changes which might appear necessary for its development.

The great experience of older nurses who do not wish to give the long hours required of a special nurse might be utilized to advantage in hourly nursing. An ordinary plain white coat should be worn in the home over her dress by the hourly nurse. This would look more professional when she is not wearing either white shoes or cap and would be easily adjusted.

Folders should be provided, plainly stating the rules, the fees, and the nature of the service offered. This should be given to every patient by the nurse sent out from the registry. She should avail herself of every opportunity of explaining to the public how they may obtain such nursing care as they can afford. This news will spread to the patient's family and friends, and other forms of publicity should also be energetically pushed by the registry and other nursing groups. There should be close co-operation with health and social agencies, and the members of the medical profession should be kept informed because their endorsation and support are necessary to the success of the movement.

Nursing associations might use the funds provided for the relief of unemployment to meet any expense which might be involved in the carrying on of an hourly nursing system. Employment would be stimulated and, eventually, sufficient nurses might be employed to render the scheme self-supporting. In localities where official registries are non-existent, hourly nursing service might be inaugurated under other health organizations already present in the community, or arrangements might be made through some social agency.

Hourly nursing by appointment might also be successfully carried on in the hospital for the benefit of patients who do not require or who do not wish to employ special nurses. Patients who find it necessary to dispense with the services of their special nurses are now asking them whether it would be possible for them to continue giving morning care at an appointed time on an hourly basis. Ether cases, and other patients who are acutely ill, could use part-time nurses satsifactorily. The doctors would benefit by more contented and better nursed patients, and the hospital would have more appreciative patients and, as in group nursing, would be relieved of extra work. Calls might come from the ward to the training school office, and the hourly nurse could keep in touch with the ward office and be assigned to other patients while already there, thus avoiding the necessity of calling the registry. A nurse might even get sufficient calls to allow her to remove her name from the registry for special duty. Private duty nurses would thus have some means of paying their living expenses while waiting for special calls.

Lord Durham says that the nursing profession cannot remain as a stationary society in a new and progressive world. The nursing profession is vitally interested to-

day in the difficult problem of the high cost of sickness, and recognizes its responsibility for rendering service according to the need in both home and hospital. It ought to be possible to meet this need and at the same time to so arrange that work might be distributed to nurses who are at present unemployed. Let us try.

A Lay Point of View

May I be allowed to make a layman's comments on the correspondence in your columns arising out of the statement made by G. M. E. Leigh that the private nurse is doomed owing to "the education of the public and the spread of the Voluntary Aid Detachment movement" (her italics), a statement that seems to need a good deal of qualification.

The coming of the more or less trained nurse, whose services could be obtained for two or three guineas a week, at a time of great prosperity, at a time, too, when advances in medicine and surgery were superseding traditional methods but when the domestic training of women was at a low ebb, made an opportunity that is not likely to recur and was a phase in social evolution to which many factors contributed.

Today the trained nurse is, very properly, a much more expensive article, people are poorer, their houses are smaller, their servants are fewer, are easily upset and hard to replace and girls are receiving more and more a modicum of education in matters of health and other domestic subjects. This does not mean an encroachment on the province of the professional nurse, but an adjustment of female education by which the defect in domestic training is being made up—not, as in old days, by the empirical methods of home teaching but by courses of instruction by experts.

The position is paralleled in women's work generally, but the curious lurking opposition of "trained" to "untrained" that one encounters at times among nurses is perhaps a symptom of a profession still adjusting itself to changing conditions in a changing world—a "trained" accountant does not resent the book-keeping of the amateur, nor a "trained" cook the fact that girls are taught cookery.

There must always be a vast amount of such "untrained" service infringing on the work of professionals who are concerned with the daily life of men and women.

It would appear that the demands of the specialist, of nursing homes, hospitals, public health, and health education, offer to the highly qualified women of the nursing profession the great opportunities, while the woman at home qualifies herself for those duties to which she is called by nature; for as Florence Nightingale said "almost every woman has at one time or another of her life charge of the personal health of somebody, whether child or invalid—in other words every woman is a nurse." She is not, nor does she seek to be, the rival of the "trained" nurse, but she is useful in her own sphere, and the very knowledge that makes her competent there will teach her when to seek specialized aid. Here the help of the trained nurse is and must be more and more indispensable.

MARGARET B. CROSS.

A letter appearing under the caption of correspondence in The Nursing Times, July 29, 1933. This publication is the official organ of The College of Nursing, Great Britain.—Editor.

A Friendly Critic

Courtesy of the American Nurses Association

The medical profession could double the number of registered nurses used in the home today, Dr. Millard Tufts of Milwaukee believes. He finds that it is not uncommon to meet physicians who are treating several hundred patients outside the hospital without employing a single registered nurse. "The physician, especially outside of institutions, repeatedly finds it difficult to obtain a good quality of nursing service among graduate nurses. He is therefore reluctant to emphasize to his patients the importance of employing the registered nurse. He probably resorts to more medication or even to untrained help with supervision", Dr. Tufts in a spirit of friendly criticism and helpfulness told the Wisconsin nurses at their state meeting. Dr. Tufts does not blame the nurse but believes that she is an institutional product, a part of a system, and does not always adapt herself easily to the needs of the home. She needs supervision. No one can conceive of a public school teacher doing effective work without definite supervision and control. Yet nurses, following their hospital training, are sent out in new fields to find themselves lacking, not in the science, but in the art and psychology of nursing. No one aids them; there is no organized supervision. They sense failure. Proper and friendly advice are necessary to improve their condition, this Milwaukee physician believes.

HAS IT COME TO STAY?

MARGARET I. TEULON, Reg. N.; Convener, Directory Committee, Vancouver Graduate Nurses Association.

The members of the Vancouver Graduate Nurses Association feel sure that the readers of *The Canadian Nurse* will be interested to hear what steps have been taken in Vancouver in an endeavour to solve the unemployment situation among nurses, especially those engaged in private duty. Undoubtedly one of the factors in the unemployment situation is the inability of the average person to afford skilled nursing care. Therefore the nurses realized that the first thing to do was to adjust their fees, in keeping with present-day conditions. The obvious way of distributing the work among the nurses was to divide the twenty-four hours into eight-hour periods, thus employing three nurses instead of two, or two instead of one, and in many cases one where otherwise there would be none. It amounted to sharing both the work and the fees.

The problem was taken to the Association by the Directory Committee, and a mass meeting of private duty nurses was called at which the proposal to establish an eight-hour day at $3.00, and also to retain a twelve-hour day at $5.00 in place of $6.00, was discussed. This was settled later by ballot, the result being an overwhelming majority in favour of the proposed change of schedule. It was felt that there would be occasions when, for some reason or other, twelve-hour duty would be preferable, and in order to meet this demand the twelve-hour day was retained. One cannot with any accuracy voice an opinion regarding the success of this change as it affects the unemployment situation. The new arrangement has only been in force since March 28, and is still in the experimental stage. The majority of the medical profession are co-operating with the nurses, in fact there were calls for eight-hour duty before the result of the vote was ascertained.

One has only to inquire of a nurse who has experienced an eight-hour day or night to know what a great success it is from the standpoint of efficiency on the part of the nurse. Before the end of a twelve-hour day or night, a nurse is often too exhausted mentally and physically to use her best judgment where her patient is concerned, and unable to enjoy any form of recreation herself. As some one once said *anything over eight hours lowers the quality of the whole day's work.* One of our well-known medical men declared that a nurse was handicapped from the time she went on duty with the mere thought of twelve long hours ahead of her.

Attention might also be drawn to the fact that a private duty nurse gets no half-day, nor Sundays, nor any holidays off-duty, even when on a long case, as many are. Nevertheless the nurses did not plead their cause with these arguments. Their endeavour to establish an eight-hour day was an unselfish gesture with a two-fold purpose: to make it possible for more people to employ nurses, and to decrease the unemployment among their numbers.

The ultimate success of this venture rests with the nurses themselves. If we are sufficiently far-sighted to grasp this opportunity of establishing the eight-hour day by using our influence with both doctors and patients, the time will come, we hope, when the twelve-hour day will be abolished, and the remuneration for an eight-hour duty increased.

Department of Public Health Nursing

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FOODS OF THE FOREIGN BORN

JEAN FORBES, Reg. N., Victorian Order of Nurses, Montreal.

The public health nurse is undertaking an important and rather difficult task in trying to teach nutrition to Canada's new citizens, therefore in fairness to herself and to them, she must have not only a knowledge of nutrition, but some information about the habits and customs of many peoples. This broader knowledge will enable her to deal more intelligently and sympathetically with the various nutritional problems that will inevitably occur. She must also realize that in order to do effective teaching, it is necessary to have some knowledge of the characteristic foods, and of the flavors that appeal to the various racial groups. In large cities, where people from many countries congregate, the problems are multiple. The nurse's aim should be to assist her families to make the adjustments necessary to the changed living and climatic conditions in such a way that they will retain all that is good in their own dietary, and learn to accept the additions and variations that will maintain and promote health.

The problem of how to get the best food value for the least money is acute throughout the world. It is a problem common to all races and climes, and is further accentuated when the individual finds himself in a new setting, with limited funds, and a scanty knowledge of food values. Arriving in this country, the stranger naturally settles in a neighbourhood where he finds others of his own nationality, and from this partially assimilated section of the community he acquires his first lessons about what to eat and how to buy in Canada. He tries to live as nearly as possible as he did in the Old Country. Certain foods are dearer, however; the climate is different; living conditions are changed; and ity, and from this partially assi- in learning to adjust he makes many mistakes. He has, in all probability, been accustomed to raising his own goats, cows and farm produce, and finds it difficult to understand why milk and vegetables should cost so much. He drank milk because it was plentiful and cheap, and now he rules it out for the very good reason that it is, in his opinion, expensive and scarce. Vegetables, too, that he probably had for the picking in his own country, he finds are quite expensive, and these, too, he excludes from his diet in favour of the more satisfying foods.

The nurse's problems, then, are to help her clients to realize that the reason for their good health in their native country has, to some extent, been due to the fact that they had a more adequate diet; to enable them to understand why milk and vegetables help to maintain health, and to help them to plan their food budget in such a way that they will find it economically possible to provide a healthful diet for their families. When assisting with budget planning, the

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nurse should try to allow for the retention of the flavour of the national diet. This can be done by a careful analysis of the dietary habits peculiar to the group with whom she is working. She must remember, also, that a great many religious customs are bound up with food habits, and be tactful in her approach lest she offend. The nurse who is tolerant and can win the confidence of her patient, and who has taken the trouble to seek knowledge on this subject, and has the happy faculty of being able to appreciate the other person's point of view, will find that her suggestions are appreciated and acted upon.

Let us now consider a few of the specific problems of some of the various racial groups. The Jewish families, found within our borders, present many of our most difficult dietary problems because of the religious restrictions which are applied to their diet. Due to their wanderings since Biblical times, they have become known to all countries and have adopted many of the dietary customs of other races. Mrs. Mary Shapiro has ably summarized these dietary laws for us. The author states that the Jewish people use only certain animal foods because they consider that all animals are either clean or unclean. The clean animals are quadrupeds that chew the cud and divide the hoof, and all others are regarded as unclean. The animal used for food to be clean, is killed in the prescribed manner by men especially trained for this purpose. The animal is thoroughly inspected, and if any pathological condition is found or if the animal has died or was poisoned, it is regarded as unclean and unfit for use. The Jewish people are forbidden to eat blood. This necessitates, therefore, the proper treating of meats to reduce the amount of blood. Certain blood vessels and parts of the animal are rejected. The front quarters only are used.

The way in which meat is prepared in order to be made fit for use is called "koshering." The process is as follows: the proper animal is slaughtered, according to Jewish law, and the proper cut of meat is secured from the animal. The cut is soaked for half-an-hour to allow the blood to escape, salted and placed to drain for one hour. The meat is then washed three times to remove the salt and consequently part of the vitamins and the best part of the mineral salts go down the drain. This koshering and preparing of food in the proper way is a strict rule of the Jewish people and very few disobey it.

Another important rule to be remembered is that meat and milk are never used together. If meat is prepared for a meal, milk is not taken with that meal, nor for six hours afterward. This habit necessitates a complete double equipment of dishes and utensils, as milk dishes cannot be used for preparing meat and vice versa. If the dishes become mixed the utensil is contaminated and is unfit for use. The dish must then be discarded or properly sterilized. Remembering this, soap, which is an animal product, should never be placed in a dish without first consulting the family. Pork or pork products may not be eaten; neither may butter be served with meat.

The Jewish diet on the whole is very rich, consisting of many varieties of pastries and cakes, foods rich in fats, and pickles and sours in abundance. Milk is often neglected and meat dishes are substituted. Smoked and spiced beef are used in large amounts, while cheese and eggs are partaken of moderately. The Jewish people

use large quantities of potatoes, carrots, onions, beets, and beet greens in soup, but very few other green or fresh vegetables. Dried mush of a coarse variety is used frequently in soups and as porridge. The fruits served at meals are usually dried, but fresh fruit is eaten between meals. Combinations of "sweet and sour" are the rule, sour cream and sweet butter being particularly well liked. The food is generally over-seasoned, over-rich, over-sharp, and over-concentrated.

A common dish is that of "gefulte fisch". A raw fish of selected types is chopped up finely with onions, seasoning, and bread soaked in water. Eggs are beaten and mixed with this preparation. The whole is then rolled into cakes and boiled in a small quantity of water for three hours. It may be served on lettuce with horse radish. "Kreplach" is another common food. It consists of a flour mixture made into dough with water and eggs. It is rolled out, cut into squares and used in soups and stews, or is stuffed with cheese or meat. The following are typical Jewish meals for one day:

Breakfast: Eggs, potatoes, white bread or rolls, butter, coffee.

Noon meal: soup, eggs, fried peppers, potatoes, bread and butter.

Evening meal: soup, stew with "kreplach", potatoes, salad, dried fruit, tea.

Keeping all these points in mind and remembering that all the foods of the Jewish people may be classified under three headings; namely meat or fish; milk and its products; neutrals; the nurse has a knowledge that will help her to make recommendations. The nurse instructing Jewish families should try to teach them how to make milk dishes that they will find palatable. Such dishes might be creamed vegetables, milk soups, or milk desserts, and they should learn that at least one should be used every day. An effort should be made to eliminate excess fat from their diet. They should be helped to realize that pastries in quantities are harmful, because they consist of starch and fat in their most indigestible form. An effective appeal may be made through their love for their children, by pointing out the importance of a well-balanced diet during childhood.

Next in importance to the Jewish characteristic are those of the Italian. The Italian immigrant who comes here has been, as a rule, a farmer. On his arrival in Canada he readily finds friends and neighbours from his own country, and establishes his home nearby. In the markets in that neighbourhood he can get Indian meal, meat and fish in quantities, plenty of vegetables and fruits of various kinds, but everything is much more expensive than in the Old Country. At home he had a garden and cost of food was a minor detail; here he has no garden and the cost is a major problem. It is an effort to get milk. In fact in order to get it some other food must be eliminated. In his own country he used goat's milk from his own goats. He finds our coffee cheaper than in his own country, and consequently the children are given coffee to drink. They are given an adult diet early in life, a diet with too great a proportion of starchy foods. The Italian women, when they do cook, take a great deal of care in the preparation of food and make the meal appetizing. They would be apt pupils if taught early enough how to market, and what to eat for each meal and why.

Striking characteristics of the Italian diet are the daily use of meat, macaroni and olive oil. They like vegetables but find them ex-

pensive. Milk is used sparingly, while they live largely on bread, macaroni, potatoes, meat and vegetables. Meat is used by sacrificing vegetables and milk. Beans and cheese are well liked and fruit is used if not too dear. They fry a considerable amount of food and have rapidly acquired a taste for sweets. The children eat a great deal of candy between meals.

The Italians make their macaroni with a very strong Italian cheese which is much more expensive than our cheese, and as it costs about eighty cents a pound it is used more as a flavouring than as a food. If it were pointed out to them that Canadian cheese at nineteen cents a pound could be used in larger quantities, they might then use it as a food rather than as a flavouring. They use starchy foods as a base and then add other materials for high flavour rather than for food value. Their diet contains a great many "conserves" as they they call them and sauces so highly spiced as to frequently cause digestive troubles. In their own country Italians make their bread with coarse flour but they do not like the so-called coarse bread here. They could probably be persuaded to make their own bread if they had the type of fuel they use in the Old Country. Gas gives a very different result and unless they can be taught that cook stoves are more suited to their needs as well as less expensive, home-made bread is not a possibility. The result is that white flour is their staple food. The following are typical Italian meals:

Breakfast: bread without butter, coffee.

Noon: sausages or fried eggs, cheese, bread, coffee.

Evening: meat cooked with beans and vegetables, macaroni with cheese and olive oil, corn meal mush with cheese, bread and butter, garlic.

The problem here is to preserve and recognize native dishes and at the same time try to make the changes that seem desirable. The nurse should teach the Italian mother how to prepare simple dishes with milk and endeavour to make them realize that milk is a food. Their natural tendency to use quantities of vegetables should be encouraged, but they should also be taught to prepare them without destroying the food value. The amount of fried foods used can be materially lessened by suggesting other more attractive methods of preparing these foods. Continual teaching is necessary to decrease the amount of sweets, tea, and coffee consumed by the children.

The Poles and Russians are next to be considered. Their family diet on arrival in Canada usually consists of simple meals of flour-gruel, potatoes, coffee, eggs and meat. This family with its simple ways is confronted and confounded at first by the many cooking utensils and appliances in use in this country. Our gas stoves are to them new and strange and a bit terrifying. No wonder these new Canadians have difficulty in adjusting to our ways. The chief characteristics of their diet are, that milk is counted as a drink; that meat forms a prominent part of the diet, especially pork and veal, with game in season; that potatoes and bread are used at practically every meal; and that eggs are served freely. Sauerkraut is popular and beets are used a great deal to give colour to their soups and stews. They cook their vegetables with their meat and cook them too long. The following are some typical Polish meals:

Breakfast: boiled potatoes, bread.

Noon: soup with peas, potatoes, sauerkraut, boiled barley, bread and milk.

Supper: salt pork, potatoes, bread, sour milk.

The nurse might advise the use of less starchy foods and an increase of fat, such as butter. She should teach how to cook with milk, giving simple recipes for milk desserts and soups.

The Hungarian diet seems to have less variety than most of the European diets. They eat a great many dough mixtures made into bread and noodles of different kinds. They are fond of spices and pickles. They use game extensively in season and serve frequently several types of Hungarian goulash. This goulash consists of chopped fat pork cooked with cabbage or some other vegetable. Fats and oils are used in large quantities, and beers and wines are present on the table at meal time. The following is a characteristic Hungarian menu:

Breakfast: smoked bacon, raw onion, bread and coffee.

Lunch: bean soup, cheese with noodles, or goulash, fruit, bread.

Dinner: bacon and raw onions, lettuce and beets, fruit, sour milk.

Here the stress might be laid on simple methods of cooking and the use of vegetables instead of so much cereal. The importance of milk as a food cannot be too strongly emphasized and its use in combination with other foods should be encouraged. Among lesser suggestions that would be beneficial are: that various kinds and cuts of meats be substituted for the bacon that is used so unchangingly, and that eggs and cheese be used sometimes in the absence of meat.

The diet of the Chinese is as varied as our own. It consists of eggs, meat, fish, cereals, and a large variety and quantity of vegetables, plants and weeds such as radish leaves, bamboos, and some plants that we do not consider edible. Rice, which takes the place of our bread, is used in abundance. Their vegetables are prepared by being cut up into small uniform pieces in conformity with an ancient law laid down by Confucius. The Chinese use practically every part of the animal as food except the hair and bones; the brain, spinal cord, coagulated blood and other organs are considered to be delicacies. Fish is bought alive if possible and is preferred raw, while eggs are a delicacy and used as we eat candy. All types of eggs are used, among them hen, duck, pigeon, and many "fermented" eggs, that is, eggs prepared in a special way, put in storage and served when company comes or when there is a special occasion.

The more one studies and thinks about the ways, habits and diets of the foreign born, the more one realizes that there is much that we may learn from them. Many Canadian born have a poorer and less varied diet than our friends from over the sea. With a little encouragement, explanation, and advice it is possible to help the stranger to accept new customs and different food habits that will enable him to live more healthfully and happily in the home of his adoption.

The Ontario Dietetic Association

The annual meeting of the Ontario Dietetic Association was attended by a number of dietitians from hospitals and commercial institutions throughout the Province, and by Miss Ruth M. Park, Director of the Dietetic Department, Montreal General Hospital. At the morning session papers were read by Dr. F. F. Tisdall: *New Views on Nutrition*, and by Dr. Elizabeth Chant Robertson: *The Effect of an Inadequate Diet on Resistance to Infection*, which embodied research work not yet published. Miss Lida M. Burrill presented evidence to show that cereals cook in less than the conventionally accepted time. At the luncheon meeting, with Miss Violet M. Ryley presiding, reports were read by the chairmen of the four sections of the Association. Miss Mame T. Porter, Chief Dietitian, Toronto General Hospital, summarized the results of a questionnaire sent to the hospitals of Ontario, regarding the qualifications of the dietitian and the length of time spent on lecture and laboratory work in diet therapy by pupil nurses.

During the afternoon session, a conducted trip through the laboratories of the School of Hygiene revealed the process of making insulin, liver extract and other physiological products on a large scale. Research papers with practical applications to cookery were read by two members of the staff of the Ontario Research Foundation. A delightful afternoon tea was enjoyed at the Sick Children's Hospital. At the banquet in the evening, which was attended by over two hundred people, Miss Marjorie Bell, Toronto Visiting Housekeepers' Association, told of the different methods of supplying food relief in order to ensure an adequate diet for all, especially for children in an emergency nutrition service. Other speakers were Miss A. M. Hamill, on the subject of *Vocational Education* and Miss Ruth Park who showed the use of wooden food models in teaching diabetic patients the value of foods.

The officers of the Association for 1933-34 are as follows:

Honorary President: Annie L. Laird; Honorary Vice-President: Violet M. Ryley; President: Lorena Richardson; Vice-President: Olive R. Cruikshank; Secretary: Wilma Gear; Assistant-Secretary: Josephine Booth; Treasurer: Evelyn Creed. The chairmen of the four sections into which the Association is divided are: *Administration*: Helen Buick; *Diet Therapy*: Alice C. Pidgeon; *Education*: Mame T. Porter; *Social Service*: Muriel Redmond.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary

The Jubilee of the C.N.A.

The word jubilee aroused our curiosity as to its origin; we found that the Book of Deuteronomy records the occurrence of a festival, or jubilee, to commemorate the deliverance of the Israelites from Egyptian bondage, and that the dictionary gives the meaning of the word as "an occasion for general joy." We like that definition when we think of the Silver Jubilee Year of the Canadian Nurses Association.

It is also fitting that the Association should observe the celebration of its twenty-fifth year of existence in the city in which the founder of the organization resides. It was in 1908 and under the leadership of Miss Mary Agnes Snively, Superintendent of Nurses, in the Toronto General Hospital from 1884 to 1910, that the national association was formed. At the seventeenth General Meeting, which is to be held in Toronto, in June, 1934, there will be a specially prepared programme in recognition of the attainment of the quarter-century milestone. It will be an occasion of general joy, owing to the anticipated presence of Miss Snively herself as well as of a number of other charter members, for in the beginning, individual membership as well as that of organizations was recognized in the C.N.A. In an early number of the *Journal* it is planned to give our readers a bird's-eye view of the plans which are under way for the Silver Jubilee and General Meeting in 1934. The nurses of Ontario, and especially the Committee on Arrangements for this event, have comprehensive plans well advanced, about which we hope to fill these columns soon.

The National Office

Before the National Association was three years old, the question of a central place in which the records could be kept was under consideration. It was not until twelve years later that that suggestion became reality and the burden of secretarial duties was removed from the member elected to the office of Honorary Secretary. Today, the C.N.A. has its headquarters in a National Office, which receives commendatory remarks from all who visit it.

Since the National Office was first opened, early in 1923, an earnest endeavour has been made toward the formulation and adoption of certain standards for the progressive development of the national organization. The first responsibility of the executive officer at headquarters is toward the governing body of the C.N.A., the Executive Committee. It is that group which determines policies, arranges programmes and undertakes to interpret and carry out the wishes of the federated provincial units. The executive officer must undertake to become the administrative agent for the Executive Committee. There is constant communication between the President and the National Office, and four meetings of the Executive Committee are held annually. The Executive Committee members are scattered throughout the Dominion, numbering forty-four altogether. The minutes of the Executive Committee meetings are prepared in detail, so that the members unable to attend shall be able to keep themselves well informed of national interests and projects, and whenever progress reports from Special Committees contain outstanding information, a copy of the report in full is sent to each member of the Executive.

The Executive Committee has delegated to the Executive Secretary all the duties of the Honorary Secretary and Honorary Treasurer, as outlined in the by-laws. The executive officer is directly responsible to the President of the C.N.A. In addition to meeting the demands of organization work, the services of the headquarters' staff is available for clerical assistance to the standing and special committees, and to aid these in obtaining the information necessary to the development of the various projects for which such committees are appointed. To the sections, also, headquarters' staff gives clerical help when required, and renders assistance in other ways as occasion demands. It is desired that close contact be maintained with the secretaries of the three national sections and to make sure that all matters relevant to the interest of any one section are brought promptly to the attention of its officers.

Since the C.N.A. became a federation of the nine provincial associations of registered nurses, the executive secretary has endeavoured to create a Dominion-wide understanding among C.N.A. members that these provincial units constitute the Canadian Nurses Association. Consequently, the campaign for an increase in national membership is regarded as the one means by which the provincial associations will become strengthened and the national association truly representative of the entire registered nurse population. While national membership is only obtained through provincial affiliation, the individual nurse should ever realize that she has direct access to national headquarters should she wish to seek help there in solving her personal problems. The plan now in operation whereby there is intercommunication between the national and provincial offices is that the secretaries of the provincial organizations are sent complimentary copies of the minutes of the Executive Committee meetings, as well as all other information distributed to the members of the Committee, and in turn the provincial secretaries submit reports to the Executive Committee for each quarterly meeting.

The National Office aims to become a service bureau of information for organized nursing in Canada and also the centre to which other national organizations and individuals of allied interests may refer for assistance. It is of primary importance that the operation of the National Office should be carried on in a business-like way. Correspondence, varied and extensive, requires prompt attention and an accurate filing system as well as a readily available up-to-date reference index. The accounting system at headquarters was instituted under the direction of a chartered accountant, to whom the books are submitted once a year and a certified report prepared. Supplies are carefully purchased, and bills are paid monthly after the President has signed and approved them. The adoption of a budget system is essential in any office where expenditure of money is required. The budget is based on the anticipated revenue and expenditures for the year. The Association approves the budget at each General Meeting. The executive secretary prepares a monthly financial statement, a copy of which is sent to the President, the Honorary Secretary and the Honorary Treasurer. Each member of the Executive Committee receives a quarterly financial report. Revenue to maintain expenditures for the C.N.A. is derived from the per capita fee levied on the federated units.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: The Calgary Association of Graduate Nurses held a basket picnic on July 20, at Bowness Park. Though many members were away on their holidays a representative number enjoyed the outing and the opportunity of being together. After supper, Mrs. Stuart Brown once more gave evidence of her Celtic gift of seeing the future in the teacup. Games followed and some members went for a rowing expedition on the pretty lake. Among those present were the president of the Association, Miss P. Gilbert; Miss K. Lynn, Miss H. Ash, Mrs. Stuart Brown; Miss A. Casey, Miss M. Reid, Mrs. V. Kennedy, and many others. Plans for the sale of work to be held later in the summer are being carried out under the direction of Miss Carpenter.

MANITOBA

WINNIPEG: It will be of interest to many generations of nurses who received their professional training in the School of Nursing of the Winnipeg General Hospital, to hear of the retirement of Mr. James M. Cosgrave who, for more than forty years, played an important part in the administration of the hospital.

NEW BRUNSWICK

SAINT JOHN: Among the summer visitors to Saint John are: Mrs. Sanderson (Bess Wilson), of Prince Albert, Saskatchewan; Miss Elsie Urquhart and Miss Josephine Murphy, of Boston, Massachusetts; Miss Annie Leckey, of East Orange, New Jersey. Friends of Miss Margaret Barnes, R.N., Assistant Superintendent of Nurses, of the East Saint John County Hospital, will be pleased to hear that she is much improved in health after a recent operation.

Married: On August 5, 1933, at Saint John, New Brunswick, Miss Muriel Seely (S.J.G.H. 1931). to Mr. I. Newton Fanjoy.

Married: Recently at Tarrytown, New York, Miss Thelma D. Watters (S.J.G.H. 1926), to Mr. J. Victor Nyberg.

Married: Recently, in New York, Miss Bessie Leavitt (S.J.G.H. 1927), to Mr. Robert Gowley.

NOVA SCOTIA

HALIFAX Miss Ethel Cryderman, Supervisor attached to the central office of the Victorian Order of Nurses, is expected to be in Halifax on September 19 and 20, and will hold an Institute on Maternal Care. A similar Institute has been conducted in other Provinces by the Victorian Order with marked success.

Married: On July 5, 1933, at Halifax, Nova Scotia, Miss Ida Georgina Crosby, Superintendent of Nurses, Nova Scotia Hospital, to Dr. Murray MacKay, acting Medical Superintendent in the same institution.

REGISTERED NURSES' ASSOCIATION OF ONTARIO

DISTRICT 1

CHATHAM: The regular monthly meeting of the Alumnae Association of the Public General Hospital was held at the home of the President, Miss Dorothy Thomas, in honour of Miss Priscilla Campbell, Superintendent, before she left for an extended tour abroad. The evening was pleasantly spent with a large number present. Miss Campbell was presented with a beautiful kodak as well as with the good wishes of all. After attending the International Congress she will take a post-graduate course in England and in Scotland.

The graduating class of 1933 of the Public General Hospital were the guests of Miss Priscilla Campbell, the Superintendent of the Hospital, at a delightful afternoon tea and a theatre party on the evening of June 3, and on June 4 the graduating class, staff, and students attended church service at Holy Trinity Church. The Rev. A. C. Calder gave an inspiring address.

Tuesday evening, June 6, proved clear and fair for the graduation exercises held in Park Street United Church. Amid banks of flowers and with the student choir in the background, twelve graduates received their diplomas and pins. The chief speaker was Dr. Fred W. Routley, Director of the Ontario Division of the Canadian Red Cross, who stressed the value of the nursing profession in the world today. Following the exercises,

a delightful reception, held in the Nurses' Residence, was enjoyed by the relatives and friends of the graduates.

An interesting occasion took place on June 23, on the lawn of the Nurses' Residence, in the form of a farewell party for Miss Priscilla Campbell, and also for Miss Gertrude Meyers, who leaves the hospital this year. A small remembrance was presented to each.

Districts 2 and 3

Brantford: Miss E. M. McKee, Superintendent, Brantford General Hospital, is spending her vacation in Montreal. Miss Lena VanEvery, (class of 1932, Brantford General Hospital), has taken charge of the medical ward of the Brantford General Hospital.

Galt: Miss M. Clark and Miss H. Teather, two members of the nursing staff of the Galt Hospital, sailed on the Empress of Britain, on July 1, for Europe. While abroad they attended the Congress of the International Council of Nurses in Paris. According to letters received from them they enjoyed the sessions very much. They will sail for home on August 18. Miss Doris Frizzell is spending the summer as camp nurse at the O.B.M. Camp, Lake Chapleau, Quebec. Miss Alice Lamb spent an enjoyable vacation at Dunella, Ocean Grove, and New York City. Miss M. Van Dyke spent her vacation in New York City and the West Indies. An enjoyable picnic organized by the Alumnae Association, was held by the Galt Hospital graduates on June 21, in Riverside Park, Preston. About fifty were present, many graduates coming from out of the city to attend.

District 5

Weston: A happy occasion was the luncheon given by Miss E. MacPherson Dickson in honour of Miss Annie Wells (Class '13), when she passed through Toronto, en route to the International Congress of Nurses. Twenty-six graduates of the school, now on the staff, and two of Miss Wells' classmates were also guests. It was particularly pleasing to Miss Wells to be welcomed back to the School by the younger graduates after an absence of twenty years.

District 6

Lindsay: The nurses of the Ross Memorial Hospital held their annual picnic on July 5, at Port Bolster. The out-of-town graduates were invited to join us in an enjoyable swim and a delectable lunch. There were about twenty-five present and everyone enjoyed the outing.

Married: At a quiet ceremony performed in St. Andrew's Presbyterian Manse, Lindsay, on August 2, 1933, Anna Marguerite McNevan, daughter of Mr. and Mrs. T. B. McNevan, of Omemee, became the bride of James Stuart Morrison, formerly of Montreal, and now of Lindsay. The Rev. J. C. Grier officiated.

District 7

Kingston: Mrs. Parry Evans (formerly Maysel Lane), Miss Lillian Gill and Miss Annie Gibson, all Kingston General Hospital graduates, enjoyed a boat trip to the Gaspe Peninsula in June. Miss Viola Powell, (K.G.H.), who has been on the staff of the St. Cecilia Jeffrey School, at Kenora, Ontario, for the past two years, has been visiting old classmates in Kingston.

Miss Betty Houston (K.G.H.), who has been a patient in the Kingston General Hospital for the past two months, expects to return to her home in Carleton Place shortly. Her friends wish for her a complete restoration to health. Miss Anne Baillie, Superintendent of Nurses at the Kingston General Hospital, aided by members of her staff, conducted an emergency hospital at Lake Ontario Park on August 2, which was Hospitality Day in Kingston, thus bringing a number of visitors from outside points to the city.

Smiths Falls: District 7 is glad to welcome Miss Mary C. Bliss to its circle. Miss Bliss was appointed Superintendent of Nurses of the Smiths Falls Public Hospital on July 1, 1933. Miss Bliss is a graduate of the Royal Victoria Hospital and a post-graduate of McGill University, Montreal. She served overseas with No. 3 Canadian General Hospital and has been Superintendent of Nurses of the Soldiers' Memorial Hospital, Campbellton, N.B., and Superintendent of Nurses of the General Hospital, Guelph, Ont.

PRINCE EDWARD ISLAND

Charlottetown: The opening of the new Prince Edward Hospital on July 4, 1933, was a gala occasion and attracted a large and representative gathering. This fine building is said to be the last word in modern hospital architecture and construction.

QUEBEC

Montreal: Miss A. S. Kinder, Superintendent of Nurses, Children's Memorial Hospital, has returned from a trip to Newfoundland. Miss H. Easterbrook and Miss H. Nuttall are sailing on the Ascania for the continent and will attend the I.C.N. congress.

Married: On June 8, 1933, at Halifax, Nova Scotia, Miss Marion Gertrude Ripley (C.M.H. 1931), to Mr. Gordon Arthur Hart.

Quebec: Owing to the hospital being in mourning, through the death of Mrs. J. T. Ross, wife of the President of the Board of

Governors of Jeffrey Hale's Hospital, the graduating exercises have been postponed until the autumn.

A very successful Pound Day was held recently at the Jeffrey Hale Hospital which was opened to visitors during the afternoon. A rummage sale was held recently in aid of the Sick Nurses' Benefit Fund. Miss C. E. Armour, Lady Superintendent, has left to spend her vacation at Bathurst. Mrs. E. Seale, night supervisor, has returned from her vacation. Miss E. H. McHarg, Operating Room Supervisor, and Miss G. H. Weary, Supervisor of the private floor, have left for Metis Beach where they will spend part of their vacation. Miss H. Riglar has returned from her home in Scotstown where she was called owing to the illness of her mother. Miss Hardy, who recently underwent an operation, is recovering.

SASKATCHEWAN

SWIFT CURRENT: The graduating exercises of the Training School for Nurses of the Swift Current General Hospital, were held on June 23, in the Metropolitan Church, when twelve nurses received their diplomas and pins. Following the exercises, the graduates and their friends were guests at a reception and dance given by the Hospital Ladies' Aid. With the transition to a graduate nursing staff at this hospital, this will be the last class to graduate.

OVERSEAS NURSING SISTER'S ASSOCIATION OF CANADA

WINNIPEG: The Winnipeg Branch of the Overseas Nursing Sisters Association held its tenth annual dinner meeting in June and elected Mrs. C. W. Davidson as president for the coming year. The other officers for the coming year are: Vice-President, Mrs. G. Ledger; Secretary-Treasurer, Mrs. S. G. Kerr; Social Convener, Mrs. J. F. Morrison; Sick Visitor, Miss T. O'Rourke; Memorial Convener, Miss E. Stewart; Membership Convener, Miss P. Paul; Press and Publicity Convener, Miss J. Roberts, Deer Lodge Hospital; Advisory Committee, Mrs. C. E. De Pencier, Mrs. E. W. Horton, and Miss S. Pollexfen.

Mrs. D. McLeod and Miss G. Billyard entertained recently in honour of Nursing Sister Nell Enright of the Royal Victoria Hospital, Montreal, Mrs. Ironside (Nursing Sister Swanson) of Calgary, and Nursing Sister Mary Dewar, of St. Anne's Hospital, Quebec, who were recent visitors in Winnipeg.

OBITUARY

ALLISON—On July 10, 1933, Miss Edith May Allison, Reg. N., Matron of the Colonel Belcher Military Hospital.

Miss Allison had been matron of this institution since her return from service overseas.

CALLAGHAN—On August 11, 1933, at the Ottawa General Hospital, Frances Malvina Callaghan, Reg. N., after an illness of eleven weeks.

Miss Callaghan was a valued member of the nursing staff of the Ottawa General Hospital and is deeply mourned by her associates. After a period of repose at the Nurses Residence her body was taken to her home in Campbell's Bay for burial.

HAWKINS—On July 5, 1933, Edith Frances Hawkins, a member of the class of 1917 of the Connaught Training School for Nurses, Weston, Ontario.

Miss Hawkins was a member of the British College of Nursing, and at the time of her death was President of the Alumnae Association, and a valued member of the hospital staff.

. . . OFF . . . DUTY . . .

Montreal is an interesting city . . . one of the greatest inland ports . . . in the whole world . . . we have no doubt about this . . . because we cover the water front these days . . . and meet travellers . . . fresh from the International Congress . . . full of tales of adventure . . . by land and sea . . . not to mention the customs . . . we can now estimate approximately . . . how many necklaces . . . and hand bags . . . and how much frivolous lingerie . . . quite respectable nurses . . . have concealed . . . in obscure corners . . . of their luggage . . . folded between pages . . . of reports and resolutions . . . duly moved and seconded . . . and passed unanimously . . . even by the Customs Officer . . . we do this by estimating . . . the depth of feminine guile . . . with which they spontaneously offer . . . the Customs inspector . . . two dollars and sixty-five cents duty . . . on the quilted bed-jacket . . . they bought in London . . . for dear old Aunt Maggie . . . who likes something sensible . . . this sort of thing is excusable . . . but what about that nurse . . . who cannot speak a word of French . . . but realizing that this was . . . the native tongue . . . of the gentleman . . . about to inspect her belongings . . . exclaimed in ecstasy . . . "What joy to hear French spoken . . . as it is in Paris" . . . this strikes us . . . as being extremely subtle . . . no French Canadian . . . not even a Customs Inspector . . . could resist such honeyed flattery . . . this business of meeting boats . . . is getting to be a habit . . . we are dreaming . . . of wearing a press badge . . . and pushing past the barrier . . . like our brothers . . . on the daily papers . . . we like to see the tugs . . . named Martha and Felicia . . . manoeuvering the proud Duchess . . . into position . . . reminds us of nurses . . . the tugs we mean . . . not the duchess . . . when the gang plank is lowered . . . the tugs cast off . . . quite nonchalantly . . . and go home . . . to listen for the telephone . . . and the next case . . . just like the nurses . . . it seems natural too . . . for a tug . . . or even a nurse . . . to be named Martha . . . both are cumbered . . . with much serving . . . of important people . . . like duchesses . . . and doctors . . . but they keep going . . . even in bad weather . . . we used to watch the tugs . . . on the East River . . . bucking a rip tide . . . and a head wind . . . with three heavy barges . . . lined up behind . . . they always made it, too . . . in spite of wind and weather . . . at night they used to carry . . . coloured lights at the masthead . . . like stars in their crown . . . to show how many barges . . . they were strong enough to handle . . . all by themselves . . . but we seem . . . to be getting too poetical . . . it is probably time . . . to find out just when . . . the next Duchess is due . . . and then go down . . . and cover the water front . . . and gather up some more . . . travellers' tales . . .

Official Directory

International Council of Nurses:
Secretary, Miss Christiane Reimann, 14 Quai des Eaux-Vives, Geneva, Switzerland.

CANADIAN NURSES' ASSOCIATION

Officers

Honorary President.....Miss M. A. Snively, General Hospital, Toronto, Ont.
President.....Miss F. H. M. Emory, University of Toronto, Toronto, Ont.
First Vice-President.....Miss R. M. Simpson, Parliament Bldgs., Regina, Sask.
Second Vice-President.....Miss G. M. Bennett, Ottawa Civic Hospital, Ottawa, Ont.
Honorary Secretary.....Miss Nora Moore, City Hall, Room 309, Toronto, Ont.
Honorary Treasurer.....Miss M. Murdoch, St. John General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held viz: (1) President, Provincial Nurses Association; (2) Chairman, Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1)Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss B. A. Emerson, 604 Civic Block, Edmonton; (4) Miss Phyllis Gilbert, 113 25th Ave. W., Calgary.

British Columbia: (1) Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; (3) Miss M. Duffield, 175 Broadway East, Vancouver; (4) Miss M. Mirfield, Beachcroft Nursing Home, Cook St., Victoria.

Manitoba: (1) Miss Jean Houston, Manitoba Sanatorium, Ninette; (2) Miss M. C. Macdonald, 668 Bannatyne Ave., Winnipeg; (3) Miss A. Laporte, St. Norbert; (4) Miss K. McCallum, 181 Enfield Crescent, Norwood.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss Ada Burns, Health Centre, Saint John; (4)Miss Mabel McMullen, St. Stephen.

Nova Scotia:(1)Miss Anne Slattery, Box 173, Windsor, (2) Miss Elizabeth O. R. Browne, 612 Dennis Bldg., Halifax; (3) Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax; (4) Miss Jean S. Trivett, 71 Cobourg Road, Halifax.

Ontario: (1) Miss Marjorie Buck, Norfolk Hospital, Simcoe; (2) Miss S. M. Jamieson, Peel Memorial Hospital, Brampton; (3) Mrs. Agnes Haygarth, 21 Sussex St., Toronto; (4) Miss Clara Brown, 23 Kendal Ave., Toronto.

Prince Edward Island: (1) Miss Lillian Pidgeon, Prince Co. Hospital, Summerside; (2)Miss F. Lavers, Prince Co. Hospital, Summerside; (3) Miss I. Gillan, 59 Grafton St., Charlottetown; (4) Miss M. Gamble, 51 Ambrose St., Charlottetown,

Quebec: (1) Miss C. V. Barrett, Royal Victoria Hospital, Montreal; (2) Miss Martha Batson, Montreal General Hospital, Montreal; (3) Miss Marion Nash, 1246 Bishop Street, Montreal; (4) Miss Sara Matheson, Apt. 24, 2151 Lincoln Ave., Montreal.

Saskatchewan: (1) Miss Elizabeth Smith, Normal School, Moose Jaw; (2) Miss G. M. Watson, City Hospital, Saskatoon; (3) Mrs. E. M. Feeny, Dept. of Public Health, Parliament Bldgs, Regina; (4) Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon.

CHAIRMEN NATIONAL SECTIONS

Nursing Education: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; Public Health: Miss M. Moag, 1246 Bishop St., Montreal; Private Duty: Miss Isabel MacIntosh, 281 Park St. S., Hamilton.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES' ASSOCIATION

NURSING EDUCATION SECTION

Chairman: **Miss G. M. Fairley, Vancouver General Hospital, Vancouver;** Vice-Chairman: **Miss M. F. Gray, University of British Columbia, Vancouver;** Secretary: **Miss E. F. Upton, Suite 221, 1396 St. Catherine St. West, Montreal;** Treasurer: **Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa.**

Councillors—**Alberta:** Miss J. Connal, General Hospital, Calgary. **Manitoba:** Miss M. C. Macdonald, 668 Bannatyne Ave., Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hotel Dieu, Campbellton. **Nova Scotia:** Miss Elizabeth O. R. Browne, 612 Dennis Bldg., Halifax. **Ontario:** Miss S. M. Jamieson, Peel Memorial Hospital, Brampton. **Prince Edward Island:** Miss M. Lavers, Prince Co. Hospital, Summerside. **Quebec:** Miss Martha Batson, Montreal General Hospital, Montreal. **Saskatchewan:** Miss G. M. Watson, City Hospital, Saskatoon. Convener of Publications: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg.

PRIVATE DUTY SECTION

Chairman: **Miss Isabel MacIntosh, 281 Park St. S., Hamilton;** Vice-Chairman: **Miss Mabel McMullen, Box 338, St. Stephen;** Secretary-Treasurer: **Mrs. Rose Hess, 139 Wellington Street, Hamilton.**

Councillors—**Alberta:** Miss Phyllis N. Gilbert, 113 25th Ave. W., Calgary. **British Columbia:** Miss M. Mirfield, Beachcroft Nursing Home, Victoria. **Manitoba:** Miss K. McCallum, 181 Enfield Cres., Norwood. **New Brunswick:** Miss Mabel McMullen, St. Stephen. **Nova Scotia:** Miss Jean Trivett, 71 Cobourg Road, Halifax. **Ontario:** Miss Clara Brown, 23 Kendal Ave., Toronto. **Prince Edward Island:** Miss M. Gamble, 51 Ambrose St., Charlottetown. **Quebec:** Miss Sara Matheson, 2151 Lincoln Ave., Montreal. **Saskatchewan:** Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon. Convener of Publications: Miss Jean Davidson, Paris.

PUBLIC HEALTH SECTION

Chairman: Miss M. Moag, 1246 Bishop St., Montreal; Vice-Chairman: Miss M. Kerr, 946 20th Ave., W., Vancouver; Secretary-Treasurer: Miss Mary Mathewson, 464 Strathcona Ave., Westmount, P.Q.

Councillors—**Alberta:** Miss B. A. Emerson, 604 Civic Block, Edmonton. **British Columbia:** Miss M. Duffield, 175 Broadway East, Vancouver. **Manitoba:** Miss A. Laporte, St. Norbert. **New Brunswick:** Miss Ada Burns, Health Centre, Saint John. **Nova Scotia:** Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax. **Ontario:** Mrs. Agnes Haygarth, 21 Sussex St., Toronto. **Prince Edward Island:** Miss Ina Gillan, 59 Grafton St., Charlottetown. **Quebec:** Miss Marion Nash, 1246 Bishop St., Montreal. **Saskatchewan:** Mrs. E. M. Feeney, Dept. of Public Health, Parliament Buildings, Regina. Convener of Publications: Mrs. Agnes Haygarth, 21 Sussex St., Toronto.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss F. Munro, Royal Alexandra Hospital, Edmonton; First Vice-President, Mrs. de Satge, Holy Cross Hospital, Calgary; Second Vice-President, Miss S. Macdonald, General Hospital, Calgary; Secretary-Treasurer, Miss Kate S. Brighty, Administration Building Edmonton; Nursing Education Section, Miss J. Connal, General Hospital, Calgary; Public Health Section, Miss B. A. Emerson, 604 Civic Block, Edmonton; Private Duty Section, Miss Phyllis Gilbert, 113 25th Ave. W., Calgary.

BRITISH COLUMBIA

Graduate Nurses' Association of British Columbia

President, M. F. Gray, 3629 W. 2nd Ave., Vancouver; First Vice-President, E. G. Breeze; Second Vice-President, G. Fairley; REGISTRAR, H. Randal, 516 Vancouver Block, Vancouver; Secretary, M. Kerr, 516 Vancouver Block, Vancouver; CONVENERS OF COMMITTEES: Public Health, M. Duffield, 175 Broadway E., Vancouver; Private Duty, M. Mirfield, 516 Vancouver Block, Vancouver; COUNCILLORS, M. P. Campbell, M. Dutton, L. McAllister, K. Sanderson.

MANITOBA

Manitoba Ass'n of Registered Nurses

President, Miss Jean Houston, Ninette, Man.; 1st Vice-President, Miss M. Reid, Nurses Home, W.G.H. Winnipeg; 2nd Vice-President, Miss Christine McLeod, General Hospital, Brandon; 3rd Vice-President, Sister Krause, St. Boniface Hospital Board Members: Misses M. Lang, K. W. Ellis, C. Taylor, I. McDiarmid, M. Meehan, E. Shirley, E. Carruthers, K. McLearn, Sister Superior, Misericordia Hospital; Sister St. Albert, St. Joseph's Hospital; Miss J. Purvis, Portage la Prairie, General Hospital. Conveners of Sections: Nursing Education Section, Miss M. C. Macdonald, Central T. B. Clinic, 668 Bannatyne Ave., Winnipeg; Public Health Section, Miss A. Laporte, St. Norbert, Man.; Private Duty Section, Miss K. McCallum, 181 Enfield Crescent, Norwood, Man. Conveners of Committees: Legislative Committee, Miss C. Taylor; Directory Committee, Miss E. Carruthers; Social and Programme, Miss C. Billyard; Sick Visiting, Mrs. J. R. Hall; Treasurer and Registrar: Mrs. Stella Gordon Kerr, 753 Wolseley Ave., Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital; First Vice-President, Miss Margaret Murdoch, Saint John General Hospital; Second Vice-President, Mrs. A. G. Woodcock, Victoria Public Hospital, Fredericton; Honorary Secretary, Sister Kenny, Hotel Dieu Hospital, Chatham; Conveners—Nursing Education Section: Sister Kerr, Hotel Dieu Hospital, Campbellton; Public Health Section: Miss Ada A. Burns, Health Centre, Saint John; Private Duty Section: Miss Mabel McMullin, St. Stephen; Constitution and By-Laws, Miss Sarah Brophy, Fairville, N.B.; Canadian Nurse, Miss Kathleen Lawson, 84 Wright St., St. John; Council Members, Saint John, Miss Dykeman, Miss Coleman, Moncton, Miss Myrtle Kay, Woodstock, Miss Elsie M. Tulloch. Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St., West St. John.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Anne Slattery, Windsor; First Vice-President, Miss Victoria Winslow, Halifax; Second Vice-President, Miss Marion Boa, New Glasgow; Third Vice-President, Sister Anna Seton, Halifax; Recording Secretary, Mrs. Donald Gillis, 123 Vernon St., Halifax; Treasurer and Registrar, Miss L. F. Fraser, 10 Eastern Trust Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated 1925)

President, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; First Vice-President, Miss Dorothy Percy, Rm. 321, Jackson Bldg., Ottawa; Second Vice-President, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 380 Jane St., Toronto; Chairman, Nurse Education Section, Miss S. Margaret Jamieson, Peel Memorial Hospital, Brampton; Chairman, Private Duty Section, Miss Clara Brown, 23 Kendal Ave., Toronto; Chairman, Public Health Section, Mrs. Agnes Haygarth, Provincial Department of Health, Parliament Bldgs., Toronto; *District No. 1:* Chairman, Miss Priscilla Campbell, Public General Hospital, Chatham; Secretary Treasurer, Miss Lila Curtis, 78 Forest St., Chatham; *Districts 2 and 3:* Chairman, Miss Jessie M. Wilson, General Hospital, Brantford; Secretary-Treasurer, Miss Edith Jones, 253 Grenwich St., Brantford; *District No. 4:* Chairman, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Mrs. Eva Barlow, 211 Stinson St., Hamilton; *District No. 5:* Chairman, Miss Dorothy Mickleborough, Provincial Dept., of Health, Parliament Bldgs., Toronto; Secretary-Treasurer, Miss Irene Weirs, 198 Manor Road East, Toronto; *District No. 6:* Chairman, Miss Rebecca Bell, General Hospital, Port Hope; Secretary-Treasurer, Miss Dorothy MacBrien, Nicholls Hospital, Peterboro; *District No. 7:* Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Olivia Wilson, General Hospital, Kingston; *District No. 8:* Chairman, Miss Dorothy Percy, Rm. 321, Jackson Bldg., Ottawa; Secretary-Treasurer, Miss A. G. Tanner, Civic Hospital, Ottawa; *District No. 9:* Chairman, Miss Katherine MacKenzie, 155 Second Ave. W., North Bay; Secretary-Treasurer, Miss Robena Buchanan, 197 First Ave. E., North Bay; *District No. 10:* Chairman, Mrs. Marion Edwards, 226 N. Harold St., Fort William; Secretary-Treasurer, Miss Ethel Stewardson, McKellar General Hospital, Fort William.

District No. 8 Registered Nurses Association of Ontario

Chairman: Miss D. M. Percy, Vice-Chairman; Miss M. B. Anderson; Secretary-Treasurer, Miss A. G. Tanner, Ottawa Civic Hospital; Councillors, Misses E. C. McIlraith, M. Graham, M. Slinn, A. Brady, M. Robertson, R. Pridmore; Conveners of Committees, Membership, Miss E. Rochon; Publications, Miss E. C. McIlraith; Nursing Education, Miss M. E. Acland; Private Duty, Miss J. L. Church; Public Health, Miss M. Robertson.

District 10, Registered Nurses Association of Ontario

Chairman: Mrs. F. M. Edwards; Vice-Chairman, Miss V. Lovelace; Secretary-Treasurer, Miss E. Stewardson, McKellar Hospital, Fort William; Councillors: Nurse Education, Miss B. Bell; Publication, Miss Robinson; Private Duty, Miss Elliott; Public Health, Miss Hamilton; Membership, Miss Chivers Wilson and Miss Flannigan.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated 1920)

Advisory Board, Misses Mary Samuel, L. C. Phillips, M. F. Hersey, Bertha Harmer, M. A. Mabel Clint, Rev. Mere M. A. Allaire, Rev. Soeur Augustine;

President, Miss Caroline V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice President (English), Miss Margaret Moag, V.O.N., 1246 Bishop Street, Montreal; Vice-President (French), Rev. Soeur Allard, Hotel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss Elsie Allder, Royal Victoria Hospital; Hon. Treasurer, Miss Marion E. Nash, V.O.N., 1246 Bishop Street, Montreal. Other members: Miss Mabel K. Holt, The Montreal General Hospital, Mademoiselle Edna Lynch, Nursing Supervisor, Metropolitan Life Insurance Co., Montreal, Miss Sara Matheson, Apt. 24, 2151 Lincoln Ave., Miss Charlotte Nixon, 2276 Old Orchard Ave., Montreal, Rev. Soeur St. Jean-de-l'Eucharistie, Hopital Notre Dame, Montreal. Conveners of Sections: Private Duty (English), Miss Sara Matheson, Apt. 24, Haddon Hall Apts., 2151 Lincoln Ave., Montreal; (French) Mlle Alice Lepine, Hopital Notre Dame, Montreal; Nursing Education (English) Miss Martha Batson, The Montreal General Hospital, (French) Rev. Soeur Augustine, Hopital St Jean-de-Dieu, Gamelin, P.Q.; Public Health, Miss Marian Nash, V.O.N., Bishop Street, Montreal; Board of Examiners, Miss C. V. Barrett (Convener), Royal Victoria Maternity Hospital, Montreal, Mme R. D. Bourque, Universite de Montreal (Ecole d'Hygiene Appliquee), Melles Edna Lynch, Apt. 3, 4503 rue St-Denis, Montreal, Laura Senecal, Hopital Notre Dame, Misses Anita Sutcliffe, 4635 Queen Mary Road, Montreal, Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, Olga V. Lilly, Royal Victoria Montreal Maternity Hospital, Montreal; Executive Secretary, Registrar and Official School Visitor: Miss E. Frances Upton, Suite 221, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated March, 1927)

President, Miss Elizabeth Smith, Normal School, Moose Jaw; First Vice-President, Miss R. M. Simpson, Department of Public Health, Regina; Second Vice-President, Miss M. McGill, Normal School, Saskatoon; Councillors, Sister Mary Raphael, Providence Hospital, Moose Jaw, Miss G. M. Watson, City Hospital, Saskatoon; Conveners of Standing Committees: Nursing Education, Miss G. M. Watson, City Hospital, Saskatoon; Public Health, Mrs. E. M. Feeny, Department of Public Health Regina; Private Duty, Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon; Secretary-Treasurer and Registrar, Miss E. E. Graham, Regina College, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss K. Lynn; Second Vice-President, Miss F. Shaw; Recording Secretary, Mrs. F. V. Kennedy; Corresponding Secretary, Miss K. Shore; Treasurer, Miss M. Watt; Convener Private Duty Section, Miss P. Gilbert; Registrar, Miss D. Mott, 2219 2nd St. W.

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss P. Chapman; Second Vice-President, Miss E. Fenwick; Recording Secretary, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton; Press and Corresponding Secretary, Miss Clow, 11138 Whyte Ave., Edmonton; Treasurer, Miss M. Staley, 9838-108th St., Edmonton; Registrar, Miss Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Miss M. Hagerman; First Vice-President, Miss Gilchrist; Second Vice-President, Miss J. Jorgenson; Secretary, Miss May Reid, Nurses' Home; Treasurer, Miss F. Ireland, 1st St.; Medicine Hat; Committee Conveners: New Membership, Mrs. C. Wright; Flower, Mrs. M. Tobin; Private Duty Section, Mrs. Chas. Pickering; Correspondent, "*The Canadian Nurse*", Miss F. Smith. Regular meeting first Tuesday in month.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Mrs. J. P. Gussin; First Vice-President, Miss M. Madden; Second Vice-President, Miss P. Gausner; Third Vice-President, Miss A. Houston; Secretary-Treasurer, Miss M. McLeod, Box 905, Nelson, B.C.

Vancouver Graduate Nurses Association

President, Miss K. Sanderson, 1310 Jervis St., Vancouver; First Vice-President, Miss M. D. MacDermot, Preventorium, 2755-21st Ave. E., Vancouver; Second Vice-President, Miss J. Davidson; Secretary, Miss F. H. Walker, General Hospital, Vancouver; Treasurer, Miss L. G. Archibald, 536-12th Ave. W., Vancouver; Council, Misses G. M. Fairley, M. F. Gray, M. Duffield, J. Johnston, J. Kilburn; Conveners of Committees: Finance, Mrs. Farrington; Directory, Miss M. I. Teulon; Social, Miss M. I. Hall; Programme, Miss G. Archibald; Sick Visiting, Miss C. Cooper; Membership, Miss M. Mirfield; Local Council of Women, Misses M. F. Gray, M. Duffield; Press, Mrs. D. K. Simms.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. J. Herbert; First Vice-President, Miss D. Frampton; Second Vice-President, Miss C. McKenzie; Secretary, Miss I. Helgesen; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road, Victoria; Executive Committee, Miss E. B. Strachan, Miss H. Cruikshanks, Miss E. McDonald, Miss C. Kenny, Miss E. Cameron.

MANITOBA

Brandon Graduate Nurses' Association

Hon. President, Miss E. Birtles; Hon. Vice-President Mrs. W. Shillinglaw; President, Miss E. G. McNally; First Vice-President, Miss Janet Anderson; Second Vice-President, Mrs. Lula Fletcher; Secretary, Miss Jessie Munro, 243 12th St.; Treasurer, Mrs. M. Long; Conveners of Committees: Social and Programme, Mrs. Eldon Hannah; Sick and Visiting, Mrs. Rowe Fisher; Welfare, Miss Gertrude Hall; Press Reporter, Miss Helen Morrison; Cook Book, Mrs. J. M. Kains; Registrar, Miss C. M. Macleod.

ONTARIO

Graduate Nurses Alumnae, Welland

Hon. President, Miss E. Smith, Superintendent, Welland General Hospital; Hon. Vice-President, Miss M. Hall, Welland General Hospital; President, Miss D. Saylor; Vice-President, Miss B. Saunders; Secretary, Miss M. Rinker, 28 Division St.; Treasurer, Miss B. Eller; Executive, Misses M. Peddie, M. Tufts, B Clothier and Mrs. P. Brasford.

QUEBEC

Graduate Nurses Association of the Eastern Townships

Hon. President, Miss V. Beane; President, Miss H. Hetherington; First Vice-President, Miss G. Dwane; Second Vice-President, Miss N. Arguin; Recording Secretary, Miss P. Gustafson; Corresponding Secretary, Miss M. Mason, 151a London St., Sherbrooke, P.Q.; Treasurer, Miss M. Robins; Representative, Private Duty Section, Miss M. Morrissette; Representative, "*The Canadian Nurse*", Miss C. Hornby, Box 324, Sherbrooke, P.Q.

Montreal Graduate Nurses' Association

Hon. President, Miss L. C. Phillips; President, Miss Christine Watling, 1230 Bishop Street; First Vice-President, Miss Sara Matheson; Second Vice-President, Mrs. A. Stanley; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop Street; Day Registrar, Miss Kathleen Bliss; Relief Registrar, Miss H. M. Sutherland; Convener Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. Advisory President, Miss Cora Keir; Hon. President, Miss Beth Smith; President, Mrs. M. Young; First Vice-President, Miss M. Armstrong; Second Vice-President, Miss L. French; Secretary-Treasurer, Miss F. Caldwell, 262 Athabasca E.; Registrar, Miss C. Keir; Conveners of Committees: Nursing Education, Miss Last; Private Duty, Miss Wallace; Constitution and By-laws, Miss Lamond; Programme, Miss G. Taylor; Sick and Visiting, Miss McIntyre; Social, Miss Lowry; "The Canadian Nurse", Miss M. McQuarrie; Press Representative, Mrs. Philips.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital Edmonton

Hon. President, Miss F. Munroe; President, Mrs. Scott Hamilton; First Vice-President, Miss V. Chapman; Second Vice-President, Mrs. C. Chinneck; Recording Secretary, Miss G. Allyn; Corresponding Secretary, Miss A. Oliver, Royal Alexandra Hospital; Treasurer, Miss E. English, Suite 2, 10014 112 Street.

A.A., Holy Cross Hospital, Calgary

President, Mrs. L. de Satge; Vice-President, Miss A. Willison; Recording Secretary, Miss E. Thom; Corresponding Secretary, Miss P. N. Gilbert; Treasurer, Miss S. Craig; Honorary Members, Rev. Soeur St. Jean de l'Eucharistie, Miss M. Brown.

A.A., Lamont Public Hospital

Hon. President, Miss F. E. Welsh; President, Mrs. B. I. Love; Vice-President, Miss O. Scheie; Secretary-Treasurer, Mrs. C. Craig, Namao; Corresponding Secretary, Miss F. E. Reid, 1009 20th Avenue, W., Calgary; Convenor, Social Committee: Mrs. R. Shears.

BRITISH COLUMBIA

A.A. St. Paul's Hospital, Vancouver

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Therese Amable; President, Miss B. Geddes; Vice-President, Miss R. McKernan; Secretary, Miss F. Treavor, Assistant Secretary, Miss V. Dyer; Treasurer, Miss B. Muir; Executive, Misses M. McDonald, E. Berry, I. Clark, V. Pearse, S. Christie, R. McGillivary, K. McDonald.

A.A., Vancouver General Hospital

Hon. President, Miss Grace Fairley; President, Mrs. G. E. Gillies; First Vice-President, Miss J. Hardy; Second Vice-President, Miss E. Erskine; Secretary Mrs. J Jones, 3681 2nd Ave. W.; Assistant Secretary, Miss M. Grainger; Treasurer, Miss A. Geary, 3176 West 2nd Ave.; Committee Conveners—Programme, Miss C. Tretheway; Bond, Miss D. Bullock; Sick Visiting, Miss O. Shore; Sewing, Mrs. R. Gordon; Membership, Miss F. Verchere; Sick Benefit Fund, Miss I. McVicar; Representatives: Local Press, Mrs. R. Gordon; V.G.N.A., Miss Wilson.

A.A., Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss Jean Moore; First Vice-President, Mrs. Yorke; Second Vice-President, Miss J. Grant. Secretary, Mrs. A. Dowell, 30 Howe St.; Assistant Secretary, Miss J. Stewart; Treasurer, Miss C. Todd; Entertainment Committee, Miss I. Goward; Sick Nurse, Miss E. Newman.

MANITOBA

A.A., Children's Hospital, Winnipeg

Hon. President, Miss M. B. Allan; President, Miss Catherine Day; First Vice-President, Miss Edith Jarrett; Secretary, Miss Elsie Fraser, Children's Hospital, Winnipeg; Treasurer, Miss M. Hughes, 15 Mount Royal Apts., Winnipeg; Sick Visiting Committee, Miss M. Atkinson; Entertainment Committee, Mrs. Geo. Wilson.

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Nurses Home; President, Miss Clara Miller, 825 Broadway, Wpg.; First Vice-President, Miss H. Stephen, 15 Ruth Apts., Maryland St., Wpg.; Second Vice-President, Miss M. Madill, F. Ashford Blk., Wpg.; Secretary, Miss Jeannie Archibald, Shriners Hospital, Wpg.; Treasurer, Miss Etta Shirley, 14 King George Ct., Wpg.; Social Convener, Miss K. McCallum, 181 Enfield Cr., Norwood; Sick Visiting Convener, Miss B. Greville, 211 Hill St., Norwood; Rep. to Local Council of Women, Miss M. Rutley, 12 Eugenie Apts., Norwood; Representative to Press, Mrs. S. G. Kerr, 753 Wolseley Ave., Wpg.

A.A., Winnipeg General Hospital

Hon. President, Mrs. A. W. Moody, 97 Ash St.; President, Miss E. Parker, Ste. 25 Carlyle Apts., 580 Broadway; First Vice-President, Mrs. C. V. Combes, 530 Dominion St.; Second Vice-President, Miss J. McDonald, Deer Lodge Hospital; Third Vice-President, Miss E. Yussack, 867 Magnus Ave.; Recording Secretary, Miss J. Landy, Winnipeg General Hospital; Corresponding Secretary, Miss M. Graham, Winnipeg General Hospital; Treasurer, Miss M. C. McDonald, Central Tuberculosis Clinic; *Membership:* Miss I. Ramsay, Central Tuberculosis Clinic; *Sick Visiting*, Miss J. Morgan, 102 Rose St.; *Entertainment*, Mrs. C. McMillan, Hertford Blvd., Tuxedo; Editor of Journal, Miss R. Monk, 134 Westgate; Business Manager, Miss E. Timlick, Winnipeg General Hospital; *Special Committee*, Miss P. Brownell, 215 Chestnut St.

ONTARIO

BELLEVILLE

A.A., Belleville General Hospital

Hon. President, Miss Florence McIndoo; President, Miss M. A. Fitzgerald; Vice-President, Miss H. Molyneaux; Secretary, Miss W. Almey; Treasurer, Miss B. Allen; Flower Committee, Miss H. Fitzgerald; Social Committee, Miss E. Wright; Representative to "The Canadian Nurse", Miss V. Humphries.

BRANTFORD

A.A., Brantford General Hospital

Hon. President, Miss E. Muriel McKee, Superintendent; President, Miss K. Charnley; Vice-President, Miss G. Turnbull; Secretary, Miss H. D. Muir, Brantford General Hospital; Assistant Secretary, Miss V. Buckwell; Treasurer, Miss L. Gillespie, Gen'l Hospital, Brantford; Social Convener, Mrs. D. A. Morrison; Flower Committee, Mrs. E. Claridge, Miss F. Stewart; Gift Committee, Mrs. G. Andrews, Miss W. Laird; "The Canadian Nurse" and Press Representative, Miss D. Arnold; Chairman Private Duty Council, Miss E. M. Jones; Representative to Local Council of Women, Mrs. Reg. Hamilton.

BROCKVILLE

A.A., Brockville General Hospital

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to "The Canadian Nurse", Miss V. Kendrick.

CHATHAM

A.A. Public General Hospital

Hon. President, Miss P. Campbell; President, Miss D. Thomas; First Vice-President, Miss B. Pardo; Second Vice-President, Miss H. Simpson; Recording Secretary, Miss K. Crackel, 12 Duluth St., Chatham; Corresponding Secretary, Miss R. Willmore; Treasurer, Miss E. Mummery, 35 Emma St., Chatham; Representative, The Canadian Nurse, Miss M. McDougall.

A.A., St. Joseph's Hospital

Hon. President, Mother Mary; Hon. Vice-President, Sister M. Consolata; President, Miss Mary Doyle, Vice-President, Miss Marian Kearns; Secretary-Treasurer, Miss Letty Pettypiece; Executives, Misses Hazel Gray, Jessie Ross, Lena Chauvin, I. Salmon, Representative The Canadian Nurse: Miss Ruth Winter; Representative District No. 1, R.N.A.O.: Miss Jean Lundy.

CORNWALL

A.A., Cornwall General Hospital

Hon. President, Mrs. J. Boldick; President, Miss Mary Fleming; First Vice-President, Miss Kathleen Burke; Second Vice-President, Miss Bernice McKillop; Secretary-Treasurer, Miss C. Droppo, Cornwall General Hospital; Representative: THE CANADIAN NURSE, Miss H. C. Wilson, Cornwall General Hospital.

GALT

A.A., Galt Hospital

President, Miss G. Rutherford; Vice-President, Mrs. F. L. Roelofson; Secretary, Miss L. MacNair, 91 Victoria Ave.; Treasurer, Miss A. McDonald; Flower Committee Convener, Miss E. Hyslop.

GUELPH

A.A., Guelph General Hospital

Hon. President, Miss S. A. Campbell, Supt. Guelph General Hospital; President, Miss C. S. Zeigler; First Vice-President, Miss D. Lambert; Second Vice-President, Miss M. Darby; Secretary, Miss N. Kenney; Treasurer, Miss J. Watson; Committees: Flower, Miss R. Speers, Miss I. Wilson; Social, Mrs. M. Cockwell (Convener); Programme, Miss E. M. Eby (Convener); Representative "The Canadian Nurse", Miss Marion Wood.

HAMILTON

A.A., Hamilton General Hospital

Hon. President, Miss E. C. Rayside, Hamilton General Hospital; President, Miss Helen Aitken, Vice-President, Mrs. Hess, 139 Wellington St.; Recording Secretary, Miss D. McRobbie, 9 Ontario Ave.; Corresponding Secretary, Miss E. Gayfer; Treasurer, Miss Helen Buhler, 549 Main St.; Secretary-Treasurer Mutual Benefit Association, Miss D. Watson, 145 Emerald St. S.; Legal Adviser, Mr. F. F. Treleaven; Executive Committee, Miss M. Buchanan (Convener), Mrs. M. Barlow, Misses J. Souter, Hannah, Livingstone, Helin; Programme Committee, Miss Dixon (Convener), Misses Murray, MacIntosh, Galloway, Bennett, Pegg; Flower and Visiting Committee, Miss M. Sturrock (Convener), Misses Squires and Burnett; Representatives to Local Council of Women, Miss Burnett (Convener), Mrs. Hess, Miss E. Buckbee, Miss C. Harley; Representative to R.N.A.O., Miss G. Hall; Representatives to Registry Committee, Misses A. Nugent (Convener), Burnett, I. MacIntosh, Florence Leadley, E. Davidson, Margaret Clark, I. Buscombe, H. Aitken, Binkley, Pegg; Representative to Women's Auxiliary, Mrs. Stephen; Representatives to "The Canadian Nurse" Misses Scheifle, E. Bell, R. Burnett.

A.A., St. Joseph's Hospital, Hamilton

Hon.-President, Mother Martina; President, Miss Eva Moran; Vice-President, Miss F. Nicholson, Secretary; Miss Mabel MacIntosh, 48 Locomotive Street; Treasurer, Miss M. Kelly, 43 Gladstone Avenue; Representative Canadian Nurse: Miss B. Cronin, 103 Augusta Street; Representative R.N.A.O.: Miss J. Morin.

KINGSTON

A.A., Hotel Dieu, Kingston

Hon. President, Rev. Sister Donovan; President, Mrs. W. G. Elder; Vice-President, Mrs. A. Hearn; Secretary, Miss Olive McDermott; Treasurer, Miss Genevieve Pelow; Executive, Mrs. L. Cochrane, Misses K. McGarry, M. Cadden, J. O'Keefe; Visiting Committee, Misses N. Speagle, L. Sullivan, L. La Rocque; Entertainment Committee, Mrs. R. W. Clarke, Misses N. Hickey, B. Watson.

A.A., Kingston General Hospital

Hon. President, Miss Louise D. Acton; President, Miss Ann Baillie; First Vice-President, Miss Carrie Milton; Second Vice-President, Miss Olivia M. Wilson; Third Vice-President Miss A. Walsh; Secretary, Miss Anne Davis, 464 Frontenac St.; Treasurer, Mrs. C. W. Mallory, 203 Albert St.; Convener Flower Committee, Mrs. Sidney Smith, 151 Alfred St.; Press Representative, Miss Mary Wheeler, Kingston General Hospital; Private Duty Section, Miss Constance Sandwith, 235 Alfred St.

KITCHENER

A.A., Kitchener and Waterloo General Hospital

Hon. President, Miss K. W. Scott; President, Mrs. Wm. Noll; First Vice-President, Mrs. W. Ziegler; Second Vice-President, Miss Elsie Trouse; Secretary, Miss Winnifred Nelson, Apt. D. 58 Albert St. N.; Assistant-Secretary, Miss Jean Sinclair; Treasurer, Miss M. Orr.

LINDSAY

A.A., Ross Memorial Hospital

Hon. President, Miss E. S. Reid; President, Miss O. Williamson; First Vice-President, Miss L. Harding; Second Vice-President, Miss D. Schofield; Treasurer, Mrs. V. Cresswell; Corresponding Secretary, Miss B. Robertson, 14 Russell St., W.; Flower Convener, Miss K. Mortimore; Social Convener, Mrs. G. Allen.

LONDON

A.A., St. Joseph's Hospital

Hon. President, Mother M. Pascal; Hon. Vice-Pr sident, Sister St. Elizabeth; President, Miss Florence Connolly; First Vice-President, Miss Olive O'Neil; Second Vice-President, Miss Gertrude Dietrick; Recording Secretary, Miss Gladys Martin; Corresponding Secretary, Miss Irene Griffen; Treasurer, Miss Orpha Miller; Press Representative, Miss Madalene Baker; Representatives to Registry Board: Misses R. Rouatt, E. Armishaw, F. Connolly.

A.A., Victoria Hospital

Hon. President, Miss Hilda Stuart; Hon. Vice-President, Mrs. A. E. Silverwood; President, Miss M. M Jones, 257 Ridout St. S., London; First Vice-President, Miss C. Gillies; Second Vice-President, Miss M. McLaughlin; Treasurer, Miss M. Thomas, 490 Piccadilly St., London; Secretary, Miss V. Ardiel, Corresponding Secretary, Miss G. Hardy, 645 Queen's Ave., London; Board of Directors, Misses Mortimer, Walker, Yule, Malloch, McGugan, Mrs. H. Smith.

NIAGARA FALLS

A.A., Niagara Falls General Hospital

Hon. President, Miss M. S. Park; President, Miss G Thorpe; First Vice-President, Miss H. Scholfield; Second Vice-President, Miss K. Frost; Secretary-Treasurer, Miss I. Hammond, 632 Ryerson Crescent, Niagara Falls; Corresponding Secretary, Miss F Loftus; Auditors, Mrs. M. Sharpe, Miss F. Loftus; Sick Committee, Miss V. Coutts, Miss A. Pirie and Mrs. J. Teal.

ORANGEVILLE

A.A., Lord Dufferin Hospital

Hon. President, Mrs. O. Fleming; President, Miss L. M. Sproule; First Vice-President, Miss V. Lee; Second Vice-President, Miss I. Allen; Corresponding Secretary, Miss M. Bridgeman; Recording Secretary, Miss E. M. Hayward; Treasurer, Miss A. Burke.

ORILLIA

A.A., Orillia Soldiers' Memorial Hospital

Hon. President, Miss E. Johnston; President, Miss A. V. Reekie; First Vice-President, Miss L. Whitton; Second Vice-President, Miss M. Harvies; Secretary-Treasurer, Miss Alice M. Smith, 18 Matchedash St. S. Regular Meeting—First Thursday of each month.

OSHAWA

A.A., Oshawa General Hospital

Hon. President, Miss E. MacWilliams; President, Miss Jessie McIntosh, 39 Simcoe St. N.; Vice-President, Miss Jean Thompson; Secretary, Miss Jessie McKinnon, 134 Alice St.; Asst-Secretary, Miss Irene Goodman, 512 Simcoe St. N.; Corr-Secretary, Miss Jean Stewart, 134 Alice St.; Treasurer, Mrs. W. Luke, 8 Madison Apts., Simcoe St. S.

OTTAWA

A.A. Lady Stanley Institute (Incorporated 1918)

Hon. President, Miss M. A. Catton, Carleton Place; President, Miss J. Blyth, Civic Hospital; Vice-President Miss M. McNiece, Perley Home; Secretary, Mrs. R. L. Morton, 29 Clegg St.; Treasurer, Miss M. C. Slinn, 204 Stanley Ave.; Board of Directors, Miss E. McColl, Miss S. McQuade, Miss L. Bedford, Mrs. E. C. Elmitt; Representative "The Canadian Nurse", Miss A. Ebbs, 80 Hamilton Ave.; Representative to Central Registry, Miss R. Pridmore, 90 Third Ave.; Press Representative, Miss E. Allen.

A.A., Ottawa Civic Hospital

Hon.-President, Miss Gertrude Bennett; President, Miss Edna Osborne; 1st Vice-President, Miss Dorothy Moxley; 2nd Vice-President, Miss Lera Barry; Recording Secretary, Miss Martha McIntosh; Corresponding Secretary, Miss M. Downey; Treasurer, Miss Winifred Gemmell; Councillors, Miss K. Clarke, Miss Webb, Miss G. Fronts, Miss B. Eddy, Miss E. Lyons; Representatives to Central Registry, Miss Inda Kemp Miss K. Clarke, Press-Correspondent, Miss Evelyn Pepper; Convener Flower Committee, Miss M. MacCallum.

A.A. Ottawa General Hospital

Hon. President, Rev. Sr. Flavie Domitille; President, Miss K. Bayley; First Vice-President, Miss G. Clark; Second Vice-President, Miss M. Munroe; Secretary-Treasurer, Miss D. Knox; Membership Secretary, Miss M. Daley; Representatives to Local Council of Women, Mrs. J. A. Latimer, Mrs. E. Viau, Mrs. L. Dunne, Miss F. Nevins; Representatives to Central Registry, Miss M. O'Hare, Miss A. Stackpole; Representative to "*The Canadian Nurse*", Miss Kitty Ryan.

A.A., St. Luke's Hospital

Hon. President, Miss Maxwell; President, Miss Doris Thompson; Vice-President, Miss Diana Brown; Secretary, Mrs. J. Pritchard; Treasurer, Miss May Hewitt; Nominating Committee, Misses Sadie Clark, Mina MacLaren, Hazel Lyttle.

OWEN SOUND

A.A. Owen Sound General and Marine Hospital

Hon. President, Miss B. Hall; President, Miss Cora Thompson; First Vice-President, Miss F. Rae; Second Vice-President, Miss C. Maxwell; Sec.-Treasurer, Miss Mary Paton; Asst.-Secretary-Treasurer, Miss J. Agnew; Flower Committee, Miss Alma Weedon, Miss Marjorie Ellis and Mrs. J. Burns; Programme Committee, Miss M. Cruikshanks, Miss Cora Stewart; Press Representative, Miss M. Story; Lunch Committee, Miss Leone McDonald, Miss R. Duncan, Mrs. L. Burns; Auditor, Miss M. Simpson.

PETERBORO

A.A., Nicholls Hospital

Hon. President, Mrs. E. M. Leeson; President, Miss H. Anderson, 710 George St.; First Vice-President, Miss L. Simpson; Second Vice-President, Miss M. Watson; Secretary, Miss F. Vickers, 738 George St.; Corresponding Secretary, Miss E. McBrien; Treasurer, Miss L. Ball, 641 Water St.; Convener Social Committee, Mrs. Roy White; Convener of Flower Committee, Mrs. Ray Pogue.

SARNIA

A.A., Sarnia General Hospital

Hon. President, Miss M. Lee; President, Miss L. Segrist; Vice-President, Miss A. Cation; Secretary, Miss A. Silverthorn; Treasurer, Miss A. Wilson; The Canadian Nurse, Miss C. Medcroft; Flower Committee (Convener) Miss D. Shaw; Programme and Social Committee, Miss L. Segrist.

STRATFORD

A.A., Stratford General Hospital

Hon. President, Miss A. M. Munn; President, Miss F. Kudoba; Vice-President, Mrs. E. C. Moulton; Secretary-Treasurer, Miss A. Rock, 97 John St., Stratford; Corresponding Secretary, Miss L. McNairn. Social Convener, Miss L. Atwood.

ST. CATHARINES

A.A., Mack Training School

Hon. President, Miss Anne Wright, Superintendent, General Hospital; President, Miss Florence McArter, General Hospital; First Vice-President, Miss Nora Nold, General Hospital; Second Vice-President, Miss Margaret McClunie, 59 Chaplin Ave.; Secretary-Treasurer, Miss Janette Hastie, General Hospital; Press Correspondent, Miss E. Horton, South St.; "The Canadian Nurse" Representative, Miss Gertrude Fetherstone, 17 Hainer St.; Social Committee (Convener), Miss Mildred Strong, General Hospital; Programme Committee (Convener), Miss Helen Brown, General Hospital.

ST. THOMAS

A.A. Memorial Hospital

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Meetings will be held the second Tuesday in each month at 8 p.m. in the Assembly Room, Nurses' Residence, Toronto Western Hospital.

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